NBRC
The National Board for Respiratory Care®

Therapist Multiple-Choice: Ends December 31, 2026 & Clinical Simulation Examination: Ends December 31, 2027 Application

1. EXAMINATION INFORMATION

Check the examination for which you are applying:

- ☐ Therapist Multiple-Choice (TMC)
- ☐ Clinical Simulation (CSE)

Date TMC was passed at high cut: _____

Examination Fees and Payment Information

Do not submit payment with this application. If your application is accepted, you will receive an email with instructions to submit your payment. Refer to the Candidate Handbook for a current list of examination fees.

**You must pass the TMC Examination at the high cut before applying for the CSE.*

Special Testing Accommodations

Do you have a disability that requires special accommodations during testing? ☐ Yes ☐ No

If yes, complete the *REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS* form in the Candidate Handbook and enclose it with your application. **If you have not previously been provided accommodations for an NBRC examination, you must complete and submit the Request for Special Examination Accommodations form PRIOR to applying and making payment.** If the form is not received prior to making payment and scheduling a testing appointment, approved accommodations will not be provided for your scheduled examination.

2. PERSONAL INFORMATION

Social Security Number Gender (Male/Female)

Name (Last, First, Middle Initial, Former Name)

Mailing Address (Street Address)

Mailing Address (City, State, Zip/Postal Code, Country)

Home Telephone Number Cell Phone Number **(Required)**

Date of Birth (MM/DD/YYYY)

Email Address **(Required)**

3. ELIGIBILITY STATUS

A. New Applicant

Provide your eligibility status information below.

1. ☐ I have a minimum of an associate degree from an entry into practice accredited respiratory therapy education program.

Provide the information below.

Program Name and Location (city, state)

Program CoARC Number

Date of Entrance to the Program Date of Graduation

2. ☐ I am applying under the CRT-to-Registry Provision.

Education Information

Provide information about where you obtained at least 62 semester hours of college credit.

University or College Name

Graduation Date (MM/DD/YYYY)

Type of Degree (if applicable)

- ☐ I have enclosed my transcripts.
- ☐ My transcripts will be forwarded by my college or university.

3. ☐ I hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

B. Repeat Applicant

☐ I am applying as a **repeat applicant**. Repeat applicants are not required to provide any eligibility information.

C. CMP Applicant

☐ I am applying to retake an examination to **comply with CMP requirements**:

- ☐My credential has not expired.
- ☐My credential has expired. New applicant fee applies.

Therapist Multiple-Choice &
Clinical Simulation Examination Application, continued

4. SIGNATURE

I certify that I have read the NBRC Candidate Handbook and believe that I comply with all of the admission policies for the examination for which I am applying. I certify that the information I have submitted in this application and the enclosed documents are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released, or invalidated by the NBRC.

I attest that the following are true:

- I understand that I have an assigned eligibility period and failure to schedule an examination appointment within the assigned period will result in expiration of the application and forfeiture of examination fees.
- I understand the examination restrictions and penalties for misconduct during testing.
- I understand my activity during testing will be monitored.
- I understand that all NBRC examination content is copyrighted intellectual property and misuse of examination content will subject me to civil and/or criminal penalties.
- I understand the Judicial and Ethics Policies of the NBRC.
- I agree that the NBRC may release information about my credentialed status to state agencies that regulate the practice of respiratory care, accredited respiratory care education programs, and the Commission on Accreditation for Respiratory Care (CoARC).
- I acknowledge that being randomly selected for a graduation or CEU audit will require me to provide official transcripts and/or copies of my CEU documentation.
- I understand that the email address I provide with my application will be used to provide notifications about the status of my application and/or credential.
- I understand that I am responsible for notifying the NBRC of any change in my mailing and/or email address, and the NBRC shall not be held responsible for non-receipt of official notices due to my failure to provide a current mailing and/or email address.

Name (please print)

Signature Date

The National Board for Respiratory Care, Inc. • 10801 Mastin Street, Suite 300 • Overland Park, KS 66210-1658
913.895.4900 • Email apply@nbrc.org • Fax 913.712.9283 • nbrc.org