NBRC CREDENTIAL VERIFICATION FORM

OHIO RESPIRATORY CARE BOARD
77 S. High Street, 16th Floor
Columbus, Ohio 43215-6108
614.752.9218
www.state.oh.us/rsp

TO APPLICANT:

The National Board for Respiratory Care, Inc. (NBRC) requires a fee to verify professional credentials. Please complete Section 1 below and submit it, along with the required fee to:

NBRC Executive Office
18000 W. 105th Street
Olathe, KS 66061-7543

FEES (Based on active or inactive NBRC membership):

$5 fee for active members
$20 fee for inactive members

SECTION 1:

_____ I am applying for state licensure in (**STATE NAME** _____), and I am requesting the NBRC to verify my credential(s) directly to the (**STATE AGENCY** _____).

I hold the following NBRC credentials:
____ RRT____ CPFT ____ CRT-NPS
____ CRT____ RPFT ____ RRT-NPS

PRINT NAME UNDER WHICH YOU WERE CREDENTIALED:

_____
Last First Middle Initial Former Name

COMPLETE THE INFORMATION BELOW:

_____ - _____ - _____
Social Security Number

_____
Last First Middle Initial Former Name

_____
Street /Apt. #

_____
City State Zip Code

_____
Business Phone Home Phone

_____
Signature Date