

**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](http://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. 105<sup>th</sup> 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 CREDENTIALLED:**

\_\_\_\_\_  
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