

NBRC CREDENTIALS VERIFICATION REQUEST FORM

Complete the information below and submit this form along with the required \$ 5 fee for active members and \$ 20.00 fee for inactive members.

Send to: National Board For Respiratory Care
8310 Nieman Road
Lenexa, KS 66214-1579

I am applying for state licensure in Alabama and request the NBRC to verify my respiratory therapy credentials directly to:

Alabama State Board of Respiratory Therapy
PO Box 241386
Montgomery, AL 36124-1386

I hold the following NBRC Credentials:

() RRT () CRT
If RRT, # _____

PRINT NAME UNDER WHICH YOU WERE CREDENTIALIALED:

Last: _____ First: _____ Middle: _____
Social Security Number: _____ - _____ - _____

PRINT FULL NAME AND CURRENT ADDRESS (As recorded on licensure application):

Last: _____ First: _____ Middle: _____
Street Address _____
City: _____ State _____ Zip: _____
Daytime Phone (_____) _____ - _____ Other Phone (_____) _____ - _____

I hereby authorize the National Board for Respiratory Care, its staff, or representatives to provide the Alabama State Board of Respiratory Therapy verification of any and all credentials that are current and in good standings and I hereby release from any and all liability the National Board for Respiratory Care, its staff, or representatives, for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.

Signature: _____ Date: _____

Information must be received directly from the NBRC to be valid.