

**North Dakota State Board of Respiratory Care**

**PO Box 2223, Bismarck, ND 58502-2223**

**Ph. 701-222-1564 Fax 701-224-9824**

**APPLICATION FOR LICENSURE**

**Section A: Personal Information**

Name: \_\_\_\_\_  
Last First Middle Initial

Other Names Used: \_\_\_\_\_

Sex: M or F Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Office Telephone: \_\_\_\_\_ County: \_\_\_\_\_

**Indicate which license are you applying for:**

\_\_\_\_\_ Registered Respiratory Therapist (\$60) \_\_\_\_\_ Certified Respiratory Therapist (\$60)  
\_\_\_\_\_ Polysomnographer (\$60) \_\_\_\_\_ Temporary License (\$60)

**If applying for both a RRT and RPSGT license, you only submit one \$60 fee.**

**You must answer the following questions:**

1. Have you ever held a respiratory care license from North Dakota or another state? YES or NO  
**If yes, what states?**
2. Has your respiratory care license ever been denied, suspended, or revoked in North Dakota or any other states?  
**If yes, please a written explanation.** YES or NO
3. Have you ever been convicted for any violation of any federal, military, state or local laws (excluding minor traffic violations)? YES or NO  
**If yes, please include a written explanation and a copy of the court judgment.**
4. Do you presently hold a respiratory care license from another state?  
**If yes, please complete:** State \_\_\_\_\_  
License # \_\_\_\_\_  
Board office or name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

5. Have you ever taken any entry-level exam as administered by NBRC? YES or NO

If yes, give date of the exam \_\_\_\_\_

**Section B: Previous Employers**

If you are a first time applicant, please list all institutions in which you have engaged in the practice of respiratory care. If further space is necessary, please attach an additional sheet.

Facility	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section C: Initial Applicants**

You must attach a **notarized copy of your NBRC certificate** to this form. If applying for the RPSGT license, you must submit a photocopy of your **BRPT certificate**. You must also have an **official transcript, for the most recent reporting period, sent to the Board office from the approved training program** from which you are enrolled at, or if you have graduated, include a certificate of completion (either **notarized** or **embossed with the school seal**).

**Section D: Affidavit**

**This section must be completed by you and a Notary Public.**

By signing this document, I am affirming that I am the person who is referred to in this application, that the statements therein are true in every respect, I have no suppressed any information that might affect this application, if asked for supporting documentation showing evidence of compliance of completion of the 10 required continuing education units I can supply such documentation, and that I have read and understand this affidavit.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

My Commission expires \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL