

**NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE**

[ndsbrc@aptnd.com](mailto:ndsbrc@aptnd.com)

**PO Box 2223**

**Bismarck, ND 58502-2223**

**List Request Form**

There is no fee if requesting an e-mailed list. A paper list costs \$0.25/page.

Person requesting list \_\_\_\_\_

Organization or business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I request the following:

**Purpose of the list** (Please mark one):

Continuing Education       Employment Recruiting       Research       Other (please explain) –

**Format** (For electronic list, the file will be in Pipe Delimited format)

(Please mark one):

Paper List       Electronic

**Information the Board will provide** (Please mark information you wish to have on the list):

- Active licensees only
- Active and expired licensees
- Licensee name
- Employment address
- License number
- Type of license
- License expiration date
- License issue date
- Disciplinary actions

\*The Board will not provide e-mail or home addresses or phone numbers!

Please send your request to: [ndsbrc@aptnd.com](mailto:ndsbrc@aptnd.com)

or

NDSBRC

PO Box 2223

Bismarck, ND 58502-2223