

North Dakota State Board of Respiratory Care

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APPLICATION FOR TEMPORARY/CONDITIONAL LICENSURE

(As set forth in Executive Order #2020-20 effective April 3, 2020)

*Any temporary or conditional license issued as a result of completion of this application will be valid until the end date of the COVID-19 Pandemic State of Emergency.

Type of license applying for:

___ Temporary License (You were licensed by the Board and in good standing within the five (5) years preceding April 3, 2020.)

___ NDSU Student Temporary License (You are a current student of NDSU Respiratory Therapy Program)

___ University of Mary Student Conditional License (You are a current student of or just graduated from the University of Mary Respiratory Therapy Program and are waiting to complete the national certifying examination)

___ Northland Community & Technical College (You are a current student of or just graduated from Northland Community & Technical College Respiratory Therapy Program and are waiting to complete the national certifying examination)

Past North Dakota License Number (if known): _____

Name:

_____ Last First Middle Initial

Other Names Used:

Birthdate: _____ **SSN:** _____

Home Address: _____
Street City State Zip

Hm. Telephone: _____ **Hm. County:** _____ **Email:** _____

Employer (If known at this time): _____

Employer Address:

_____ Street City State Zip

Employer Telephone: _____ **Employer County:** _____

Affidavit

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 not suppressed any information that might affect this application, and that I have read and understand this affidavit.

Signature of Applicant

Date