

North Dakota State Board of Respiratory Care

PO Box 2223, Bismarck, ND 58502-2223

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ndsbrc@aptnd.com www.ndsbrc.com

APPLICATION FOR LICENSURE BY RECIPROCITY

Section A: Personal Information

Name: _____
Last First Middle Initial

Other Names Used: _____

Sex: M or F 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: _____

**Are you an active member of, or a spouse of, a member of the armed forces of the United States or a reserve component of the armed forces of the United States? If yes, please provide proof of military orders or military spouse status.

_____ Yes _____ No

Section B: Licensure Information

Indicate which license you are applying for:

_____ Registered Respiratory Therapist (\$80) _____ Certified Respiratory Therapist (\$80)

_____ Registered Polysomnographic Technologist (\$80)

***If applying for both a RRT and RPSGT license, mark both and you only submit one \$80 fee.**

****If you are an active member of, or a spouse of, a member of the armed forces of the United States or a reserve component of the armed forces of the United States, the fee is waived as per N.D.C.C. 43-51-11.1.**

You must complete the following:

1. Please list the state from which you currently hold a license to practice respiratory care or polysomnography.

State _____

License # _____ Type of License _____

Board office or name _____

Phone # _____

Address _____

City _____ State _____ ZIP _____

2. Please list any other states in which you currently hold or previously held a license to practice respiratory care or polysomnography. _____
(You will need to contact each state and request they submit an official verification of your license to the NDSBRC Office.)

3. You must submit a copy of the law and rules from the jurisdiction in which you are currently licensed which establishes the requirements for obtaining and maintaining a license in that jurisdiction. **(Either you or the state licensure body may submit a copy of the law and rules directly to the NDSBRC Office.)**

Section C: Background Questions

1. Has your respiratory care or polysomnographer license ever been denied, suspended, or revoked in North Dakota or any other states? YES or NO
If yes, please attach a written explanation.

2. Have you ever been convicted for any violation of any federal, military, state or local laws (excluding non-criminal traffic violations)? YES or NO
If yes, please attach a written explanation and a copy of the court judgment.

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 not suppressed any information that might affect this application, 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 on _____ 20 _____.

 Notary Public

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