

NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE

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

or

NDSBRC

PO Box 2223

Bismarck, ND 58502-2223