

North Dakota State Board of Respiratory Care
PO Box 2223, Bismarck, ND 58502-2223
Ph. 701-222-1564 Fax 701-224-9824

EDUCATION VERIFICATION

This section is to be completed by school official only if this is an initial North Dakota application for a CRT, RRT, or RPSGT license.

I hereby certify that _____ attended / is attending
(Last) (First) (MI) (please circle one)

_____ school for
(Name of School)

Respiratory Care / Polysomnographic Technology (please circle one) at

_____ (Address) (City) (State) (Zip Code)

from the _____ day of _____, _____ to the _____ day of _____, _____, during which he/she completed / is pursuing (please circle one) all the requirements for the course in Respiratory Care/ Polysomnographic Technology (please circle one) in accordance with the standards of accreditation of Respiratory Care or Polysomnographic Technology programs prevailing at this time. It is further certified that the applicant received / will receive (please circle one) the following diploma:

_____ (Specialty degree, certificate, letter of certificate, other)

dated the _____ day of _____, _____, which is the final diploma offered by this school as a qualification for designation as a respiratory therapist or polysomnographic technologist (please circle one).

Printed Name _____

(SCHOOL SEAL)

Signature _____

Title _____

Date _____