

**North Dakota State Board of Respiratory Care**

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**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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