

North Dakota State Board of Respiratory Care

PO Box 2223, Bismarck, ND 58502-2223

Ph. 701-222-1564 Fax 701-224-9824

ndsbrc@aptnd.com www.ndsbrc.com

APPLICATION FOR LICENSURE

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/Background 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 answer the following questions:

1. Have you ever held a respiratory care or polysomnographer license from North Dakota or another state? YES or NO
If yes, what states? _____

2. Do you presently hold a respiratory care license from another state? YES or NO
If yes, please complete: State _____

License # _____ Type of License _____

Board office or name _____

Phone # _____

Address _____

City _____ State _____ ZIP _____

3. 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.

4. 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 C: Academic Information

Transcript and Diploma: You must either have your final, official transcript sent from the college or training program to the Board office or submit a copy of your diploma or certificate of completion, notarized or embossed with the school seal.

Education Verification Form: You must have your school complete and send the Education Verification Form directly to the Board office.

Polysomnographer Applicants only: If you were office-trained, list the facility in which you trained.

Section D: Examination

You must include a copy of your NBRC or BRPT certificate or exam scores with this form or have NBRC or BRPT send verification of your successful completion of the exam directly to the Board office.

Date of NBRC exam _____ Level of NBRC exam _____

Date of BRPT exam _____

Section E: Previous Employers

Please list all institutions in which you have engaged in the practice of respiratory care, either as a student or licensed professional. If further space is necessary, please attach an additional sheet.

Facility	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section F: 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

SEAL