



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Respiratory Care
124 Halsey Street, 6th Floor, P.O. Box 45031
Newark, New Jersey 07101
(973) 504-6485

Request for Verification of Credentials

To Applicant: Complete Section 1 below and submit it, along with the required \$5.00 fee for active members and \$20.00 fee for inactive members, to:

National Board for Respiratory Care
1800 W. 105th Street
Olathe, KS 66061-7543
(913) 895-4900
www.nbrc.org

Section 1:

I am applying for State licensure in _____, and I am requesting the N.B.R.C. to verify my credential(s) directly to the _____.

I am requesting the N.B.R.C. to verify my credential(s) directly to:

State Board of Respiratory Care
124 Halsey St., P.O. Box 45031
Newark, New Jersey 07101

I hold the following N.B.R.C. credentials: R.R.T. C.P.F.T. C.R.T. - N.P.S.
 C.R.T. R.P.F.T. R.R.T. - N.P.S.

Print the name under which you were credentialed:

Last	First	Middle initial	Maiden Name
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Complete the Information Below:

Social Security Number

Last	First	Middle initial	Former Name
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Street Address/Apt No.	City	State	ZIP code
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Telephone number (include area code)

Cell Phone number (include area code)

Signature

Date