CRT-to-Registry Evaluation Request Form

The CRT-to-Registry Admission Provision is a route of eligibility for the examinations associated with the RRT credential. It is for those credentialed individuals who are not graduates of an accredited, advanced-level respiratory therapy program holding an associate of science degree in respiratory therapy. This form is provided to help you determine if you have all the necessary materials to submit with your request for an evaluation. To request a CRT-to-Registry evaluation, submit your college transcripts with this form to the address below.

Do NOT submit an application or payment with this request.

1. Personal Information

Full Name: SSN:

Former Names (if any):

Address:

City, State, Zip:

Email: Phone:

2. Are you at least 18 years of age? ☐ Yes ☐ No
If no, you are not eligible for the examinations.

3. Are you a CRT? ☐ Yes ☐ No
If yes, what date did you earn the CRT? _____
If no, you are not eligible for an evaluation.

4. Have you previously received a CRT-to-Registry evaluation? ☐ Yes ☐ No
If yes, what was the approximate date of your evaluation? _____

5. List all of your education institutions for which transcripts need to be evaluated.
Indicate if your transcripts are enclosed with this form or are being forwarded to the NBRC separately.

Institution Name	Transcripts
a.	☐ **Enclosed** ☐ **Forwarded**
b.	☐ **Enclosed** ☐ **Forwarded**
c.	☐ **Enclosed** ☐ **Forwarded**
d.	☐ **Enclosed** ☐ **Forwarded**

6. Are all of your transcripts attached to this form? ☐ Yes ☐ No
If no, your evaluation may be delayed or remain incomplete until all transcripts are received.

7. Do you have at least 62 semester hours and are they clearly awarded on the transcript? ☐ Yes ☐ No
If no, any coursework not clearly listed on your transcripts as having been awarded credit cannot be included in the evaluation.

8. Please list the courses shown on your transcripts that reflect completion of the basic science and mathematics courses required under the applicable CRT-to-Registry admission route.

	Course Number	Course Title
Anatomy/Physiology		
Chemistry		
Mathematics		
Microbiology		
Physics		

Please send your request to:

National Board for Respiratory Care
CRT-to-Registry Evaluation
10801 Mastin St, Suite 300
Overland Park, KS 66210

Allow approximately three weeks for a response to your evaluation request.