



Therapist Multiple-Choice & Clinical Simulation Examination Application

(The Specialty examination application is available on the NBRC website.)

1. EXAMINATION INFORMATION

Check the examination for which you are applying:

- Therapist Multiple-Choice (TMC)
- Clinical Simulation (CSE)

Examination Fees and Payment Information

Enclose applicable examination fee or completed credit card information. Make check or money order payable to the NBRC and enclose with this application. (Do not send cash. A \$25 non-refundable processing fee will be charged for any declined credit card or returned check.)

	New Applicant Fee	Reapplicant Fee	Voluntary Recredentialing Fee	
			Active NBRC Status	Inactive NBRC Status
TMC	<input type="checkbox"/> \$190	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150
CSE*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200

*You must pass the TMC examination at the higher cut before applying for the CSE.

- Expired Certification Application Fee – (check if applicable)
A one-time compliance fee of \$150 is required when testing to reinstate a previously held credential that has since expired.
- International Assessment Center Fee – \$150 (check if applicable)
Refer to the NBRC Candidate Handbook for information about international examinations.

TOTAL: _____

- CHECK or MONEY ORDER enclosed
- CREDIT CARD:
 MasterCard VISA American Express Discover
I agree to pay above amount according to card issuer agreement.

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Do you have a disability that requires special accommodations during testing? Yes No

If yes, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form in the NBRC Candidate Handbook and enclose it with your application.

2. PERSONAL INFORMATION

Social Security Number _____ Gender (Male/Female) _____

Name (Last, First, Middle Initial, Former Name) _____

Mailing Address (Street Address) _____

Mailing Address (City, State, Zip/Postal Code, Country) _____

Home Telephone Number _____ Work Telephone Number _____

Date of Birth (MM/DD/YYYY) _____

Email Address _____

3. ELIGIBILITY STATUS (CHECK ONLY ONE BOX)

- I am applying as a **new applicant** (provide your eligibility status information in the respective examination box(es) that follow).
- I am applying as a **reapplicant**.
Reapplicants are not required to provide any further eligibility status information.
- I am applying to retake an examination to **comply with CCP requirements**:
 My credential has not yet expired.
 My credential has already expired. A one-time compliance fee of \$150 and new applicant fee applies.
- I am applying for the TMC Examination to **regain eligibility** for the CSE Examination. New applicant fee applies.
- I am applying for voluntary **recredentialing**. (See Candidate Handbook for details.)

A. TMC Examination Eligibility – For New Applicants Only (check only one box)

- I have a minimum of an associate degree from an accredited respiratory therapy education program.
- I hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.
- I am enrolled in an accredited respiratory therapy education program in an institution offering a baccalaureate degree and have been awarded a special certificate of completion approved by the CoARC.

B. RRT Credential Eligibility – For New Applicants Only (check only one box)

- I am a CRT and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the higher cut score on or after January 1, 2015.
- I am a CRT and hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the higher cut score on or after January 1, 2015.
- I am a CRT having been awarded a special certificate of completion approved by the CoARC from an accredited respiratory therapy education program in an institution offering a baccalaureate degree and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the higher cut score on or after January 1, 2015.

CRT-to-Registry Provision:

- I have held a valid CRT credential for at least four years prior to applying for the Registry Examination and have at least 62 hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, physics, and mathematics.
- I have held a valid CRT credential for at least two years prior to applying for the Registry Examination and have earned a minimum of an associate degree from an accredited entry-level respiratory therapy education program.
- I have held a valid CRT credential for at least two years prior to applying for the Registry Examination and have earned a baccalaureate degree in an area other than respiratory care that included at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, mathematics, microbiology, and physics.

Therapist Multiple-Choice & Clinical Simulation Examination Application, continued

4. A. EDUCATION INFORMATION

(New Applicants Only)

Provide the information requested about the accredited respiratory therapy education program from which you received an associate degree enabling you to qualify for this examination.

Program Name and Location (city, state)

Program CoARC Number

Date of Entrance to the Program

Date of Graduation

B. For RRT "CRT-to-Registry" New Applicants Only

Other Education – where you obtained at least 62 semester hours of college credit.

- I have enclosed my transcripts.
 My transcripts will be forwarded by my college or university.

University or College	Attendance Dates (MM/YYYY – MM/YYYY)	Graduation Date (MM/YYYY)	Type of Degree
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Please list the courses shown on your transcripts that reflect completion of the basic science and mathematics courses required under the applicable RRT "CRT-to-Registry" admission route.

	Course No.	Course Title
Anatomy/Physiology	_____	_____
Chemistry	_____	_____
Mathematics	_____	_____
Microbiology	_____	_____
Physics	_____	_____

5. SIGNATURE

I certify that I have read the NBRC Candidate Handbook, including the Judicial & Ethics policies, and believe that I comply with all of the admission policies for the examination for which I am applying. I certify that the information I have submitted in this application and the enclosed documents are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the NBRC. I acknowledge and agree that the NBRC may release information about my examination scores and credentialed status to state agencies in those states which regulate the practice of respiratory care, accredited respiratory care education programs and the Commission on Accreditation for Respiratory Care (CoARC).

I certify that I have read the policy on inactivation of eligibility records in the NBRC Candidate Handbook and acknowledge that allowing my file for a respective examination to become inactivated will result in my having to submit a new application, document my eligibility in compliance with the then current admissions requirements and pay the new applicant fee. I also understand that allowing my file for the RRT credential to become inactivated will result in any previous passing performance on a portion of the TMC or CSE Examinations being nullified and that I will have to repeat and successfully complete said examination(s) to earn the RRT credential. Further, I understand I am responsible for notifying the NBRC of any change in my mailing address to receive official notices regarding my credentials issued by the NBRC. The NBRC shall not be responsible for non-receipt of notices due to my failure to provide a current mailing address.

Name (please print)

Signature

Date