

Therapist Multiple-Choice & Clinical Simulation Examination Application

1. EXAMINATION INFORMATION

Check the examination for which you are applying:

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

Date TMC was passed at high cut: _____

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	Repeat Applicant Fee
TMC	<input type="checkbox"/> \$190	<input type="checkbox"/> \$150
CSE*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200

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

- ☐ 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 _____ CVV Code _____
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 _____ Cell Phone Number (Required) _____
Date of Birth (MM/DD/YYYY) _____
Email Address (Required) _____

3. ELIGIBILITY STATUS

A. New Applicant

Provide your eligibility status information below.

1. ☐ I have a minimum of an associate degree from an entry into practice accredited respiratory therapy education program.

Provide the information below.

Program Name and Location (city, state) _____

Program CoARC Number _____

Date of Entrance to the Program _____ Date of Graduation _____

2. ☐ I am applying under the CRT-to-Registry Provision.

Education Information

Provide information about where you obtained at least 62 semester hours of college credit.

University or College Name _____

Graduation Date (MM/DD/YYYY) _____

Type of Degree (if applicable) _____

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

3. ☐ I hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

B. Repeat Applicant

- ☐ I am applying as a **repeat applicant**. Repeat applicants are not required to provide any eligibility information.

C. CMP Applicant

- ☐ I am applying to retake an examination to **comply with CMP requirements**:
☐ My credential has not expired.
☐ My credential has expired. New applicant fee applies.

Therapist Multiple-Choice & Clinical Simulation Examination Application, continued

4. SIGNATURE

I certify that I have read the [NBRC Candidate Handbook](#) 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 attest that the following are true:

- I understand that I have 90 calendar days from the day my application is accepted to take the examination, and failure to schedule an examination appointment within the 90-day period will result in expiration of the application and forfeiture of examination fees.
- I understand the examination restrictions and penalties for misconduct during testing.
- I understand that all NBRC examination content is copyrighted intellectual property and misuse of examination content will subject me to civil and/or criminal penalties.
- I understand the [Judicial and Ethics Policies](#) of the NBRC.
- I agree that the NBRC may release information about my credentialed status to state agencies that regulate the practice of respiratory care, accredited respiratory care education programs, and the Commission on Accreditation for Respiratory Care (CoARC).
- I acknowledge that being randomly selected for a graduation or CEU audit will require me to provide official transcripts and/or copies of my CEU documentation.
- I understand that the email address I provide with my application will be used to provide notifications about the status of my application and/or credential.
- I understand that I am responsible for notifying the NBRC of any change in my mailing and/or email address, and the NBRC shall not be held responsible for non-receipt of official notices due to my failure to provide a current mailing and/or email address.

Name (please print)

Signature

Date