

FORM D

NBRC CREDENTIALS VERIFICATION REQUEST FORM

Complete the information below and submit this form along with the required \$5 fee for active members and \$20 fee for inactive members.

Send to: **NATIONAL BOARD FOR RESPIRATORY CARE**
10801 Mastin Street
Suite 300
Overland Park, KS 66210
1-913-895-4900

I am applying for state licensure in Georgia and request the NBRC to verify my respiratory therapy credentials directly to:

Georgia Composite Medical Board
Attn: Respiratory Care Professional Department
2 Peachtree Street N.W., 6th Floor
Atlanta, GA 30303

I hold the following NBRC credentials:

- | | | |
|------------------------------|-------------------------------|---|
| <input type="checkbox"/> RRT | <input type="checkbox"/> CPFT | <input type="checkbox"/> Perinatal/Pediatric Specialist |
| <input type="checkbox"/> CRT | <input type="checkbox"/> RPFT | |

PRINT NAME UNDER WHICH YOU WERE CREDENTIALIAED:

Last_____First_____Middle_____Former_____

Social Security Number_____

PRINT FULL NAME AND CURRENT ADDRESS:

Last_____First_____Middle_____Former_____

Street Address_____Apt #_____

City_____State_____Zip Code_____

Business Phone_____Home Phone_____

Signature:_____Date_____