

**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**  
                  18000 W. 105<sup>th</sup> Street  
                  Olathe, KS 66061-7543  
                  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., 36<sup>th</sup> Floor**  
**Atlanta, GA 30303**

I hold the following NBRC credentials:

- RRT                    CPFT            Perinatal/Pediatric Specialist  
 CRT                    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\_\_\_\_\_