

**PRACTITIONER OF RESPIRATORY CARE
APPLICATION CHECKLIST
TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT**

_____	a.	<p>APPLICATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Properly completed, signed and notarized application, including Applicant Responsibility statement; <input type="checkbox"/> Recent passport quality photograph (at least 2"x 2") <input type="checkbox"/> Appropriate explanations and copies of all pertinent documentation must be attached for affirmative responses to questions numbered 8, 9, 10, 11, 12, 13, 14, 20, 21, 22, 23, 24, and 25; <input type="checkbox"/> For affirmative responses, please include copies of documentation from courts or other entity, if applicable; <input type="checkbox"/> Release form - signed and notarized (Form A);
_____	b.	<p>FEES:</p> <ul style="list-style-type: none"> • Proper application, registration, AND criminal background investigation fees – cashier’s check or money order made payable to Nevada State Board of Medical Examiners (NSBME) or by credit card as instructed. Credit cards will only be accepted by receipt of the signed credit card authorization form. Note: Application and criminal background investigation fees are <u>non-refundable</u>;
_____	c.	<p>IDENTITY (Important identity documents will be returned to you via secured mail):</p> <ul style="list-style-type: none"> • U.S. born citizens – Photocopy of U.S. Birth Certificate or current (unexpired) U.S. passport <u>with notarized</u> Certificate of Identification • Proof of affiliation with the Armed Forces of the United States (DD214, Orders, Military ID., etc.) <i>if applicable</i>; • Foreign-born citizens – Photocopy of current (unexpired) U.S. passport or Certificate of Naturalization <u>with notarized</u> Certificate of Identification • Non U.S. citizens – Copy of both sides of Alien Registration card, Employment Authorization card, or Visa <u>and</u> copy of foreign passport;
_____	d.	<p>EDUCATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of high school transcripts, diploma, or general equivalency diploma showing graduation date; <input type="checkbox"/> Copy of transcripts or diplomas for degrees other than Respiratory Care degree – Associates, Bachelors or Masters Degree that you would like added to your educational profile on the Board’s website;
_____	e.	<p>FINGERPRINTING:</p> <ul style="list-style-type: none"> • Once the application and criminal background investigation fee have been received, a fingerprint card and instructions will be mailed to you. The fingerprint card you receive from the Board contains the necessary account numbers required for processing. The completed card <u>must</u> be returned to the Board as well as the signed Civil Applicant Waiver (included in your application package) prior to licensure. Note: Receipt of the Criminal history background results will not delay licensure.

**DIRECT SOURCE VERIFICATIONS
TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN
BY THE VERIFYING INSTITUTION TO BOARD OFFICE**

Verifying agencies may charge a fee. Do not provide pre-stamped or pre-addressed envelopes.

_____	a.	<p>PRACTITIONER OF RESPIRATORY CARE SCHOOL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of completion of Practitioner of Respiratory Care Education (Form 1) to be completed by your Respiratory Therapy school; <input type="checkbox"/> Official transcripts from Practitioner of Respiratory Care school;
_____	b.	<p>EXAMINATION:</p> <ul style="list-style-type: none"> • Current certification by the National Board for Respiratory Care, Inc. (Form 2), or its successor organization (applicant may request this verification online: www.nbrc.org);