

Applicant: This form is to be mailed to the National Board for Respiratory Care (NBRC) for completion along with your check for the appropriate fee. The website for the NBRC is <https://www.nbrc.org/> if you have questions.

FORM 2

**The National Board for Respiratory Care, Inc.
10801 Mastin Street, Suite 300
Overland Park, KS 66210
(913) 895-4900**

Part 1 - to be completed by applicant

Printed name of applicant: _____

And / or SSN/ITIN: _____

I am in the process of applying for practitioner of respiratory care licensure in the state of Nevada. I hereby authorize release of the information, requested in Part 2 below, directly to the Nevada State Board of Medical Examiners.

Signature of applicant: _____

*You must include check or money order in the amount of \$5.00 made payable to the NBRC. (If you are not an active member, the fee is \$20.00.)

Part 2 - to be completed by The National Board for Respiratory Care, Inc. and **RETURNED DIRECTLY TO THE OFFICE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS** (Applicant may request this verification online: www.nbrc.org (under the 'Credentialed Practitioners' link))

I certify that _____
(Name of applicant)

was granted initial certification/registration by The National Board for Respiratory Care, Inc. on:

Date issued: _____

Certificate/Registration Number: _____

The above-referenced certificate/registration is: Current, in good standing
 Not current

Expiration date of current certification/registration: _____

Signature and title of certifying individual:

(date)

Completed form is to be returned by The National Board for Respiratory Care, Inc. directly to:

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521