

**OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE AND SUPERVISION  
P. O. BOX 18256, OKLAHOMA CITY, OK 73154-0256  
(405) 962-1400**

REQUEST FOR VERIFICATION OF CREDENTIALS

TO APPLICANT: COMPLETE THE FORM AND SUBMIT IT, ALONG WITH THE REQUIRED \$5.00 FEE FOR ACTIVE MEMBERS OR \$20.00 FEE FOR INACTIVE MEMBERS TO:

National Board of Respiratory Care  
18000 West 105<sup>th</sup> Street  
Olathe, KS 66061  
1-913-895-4900

I AM APPLYING FOR LICENSURE IN OKLAHOMA AND I AM REQUESTING THE NBRC TO VERIFY MY RESPIRATORY THERAPY CREDENTIALS TO THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION AT THE ABOVE ADDRESS.

I HOLD THE FOLLOWING NBRC CREDENTIALS:

\_\_\_\_\_ RRT

\_\_\_\_\_ CRTT

PRINT NAME UNDER WHICH YOU WERE CREDENTIALIALED:

\_\_\_\_\_  
Last                      First                      Middle initial                      Former name

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date