

**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 105th 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