This handbook contains applications and important information for ALL credentialing programs. You may wish to retain this information for future reference.

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The National Board for Respiratory Care, Inc.
18000 W. 105th St.  •  Olathe, KS 66061-7543
Phone: 913-895-4900 or 888-341-4811  •  Fax: 913-895-4650
Email: nbrc-info@nbrc.org  •  Website: www.nbrc.org

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The NBRC

The National Board for Respiratory Care, Inc. (NBRC) is a voluntary health certifying board created in 1960 to evaluate the professional competence of respiratory therapists and pulmonary function technologists. The primary purposes of the NBRC are to prepare and conduct examinations to test the qualifications of candidates for certification and registration in defined areas of respiratory care. The NBRC also cooperates with respiratory care educational programs, evaluates the qualifications of candidates for certification and registration, and maintains a directory of those credentialed.

The NBRC is governed by a 31-member Board of Trustees comprised of representatives appointed by the NBRC’s four sponsors: the American Association for Respiratory Care (AARC), the American College of Chest Physicians (CHEST), the American Society of Anesthesiologists (ASA) and the American Thoracic Society (ATS). A Public Advisor is also elected by the Board to provide a consumer perspective.

The NBRC is a member of the Institute for Credentialing Excellence (ICE), and all seven examination programs are accredited by the National Commission for Certifying Agencies (NCCA): CRT, RRT, CPFT, RPFT, Neonatal/Pediatric Specialty, Sleep Disorders Specialty, and Adult Critical Care Specialty. Accreditation by NCCA is a recognition signifying unconditional compliance with stringent testing and measurement standards among national certification organizations. This recognition attests to the NBRC’s continued efforts to maintain the quality and integrity of examination programs on behalf of the respiratory care profession.

This Handbook

This handbook was developed to help you apply and prepare for NBRC credentialing examinations. Collectively, it contains the NBRC’s admissions and examination policies, applications for testing, and other important information about the content of the respective examinations. These materials in no way substitute for a thorough education or your commitment to study, but they can help you increase your confidence and ability to perform well on the examinations.

Detailed content outlines are available on the NBRC’s website at www.nbrc.org. Web-based practice examinations and self-assessment examinations for all examinations are available on the NBRC’s website at www.nbrc.org.

The multiple-choice practice examinations and SAEs are equal in length and difficulty to the actual examinations. The practice examination for the Clinical Simulation Examination is a one-problem simulation exercise. Candidates for the Clinical Simulation Examination (CSE) should be aware that the purpose of this practice simulation is to familiarize them with the format of the examination and the functionality of the software. The difficulty of this practice simulation is not a reflection of the difficulty of the simulations on the actual examination. Candidates are encouraged to review information elsewhere in this handbook for specific information about the content of the CSE.

Testing Agency

NBRC’s testing agency is PSI/AMP. PSI/AMP is a private corporation owned by PSI Services LLC in Burbank, California. PSI/AMP’s focus is providing a full range of healthcare certification services, including test development and delivery, in a client-focused manner. References to the testing agency in this publication refer to PSI/AMP.

Nondiscrimination Policy

The NBRC does not discriminate on the basis of age, gender, race, religion, national origin, disability, marital status, or sexual orientation.

Special Examination Accommodations

The NBRC complies with the Americans with Disabilities Act and ensures that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. Special examination arrangements may be made for these individuals. If you require special accommodations, complete the Request for Special Examination Accommodations form included in this handbook and submit it with your application.

NBRC Credentials, Examinations, and Admissions Policies

All examinations are based on national job analysis research. Each examination is developed by a committee comprised of respiratory care practitioners or pulmonary function technologists and physicians whose knowledge and experience qualify them as content experts. Examination questions are solicited from educators and practitioners throughout the country; item writers are provided detailed instructions for developing appropriate questions. The questions are reviewed, revised, and approved by subject-matter consultants and members of the examination committees. The testing agency also reviews and edits the questions for conformity to testing and measurement principles and assists the examination committees in selecting and assembling final versions of the examinations.

All examinations have been validated. This research demonstrates that the examinations are predictive of job performance. Validation of the examinations was accomplished in accordance with standards put forth by the American Psychological Association and in compliance with the Uniform Guidelines on Employee Selection Procedures.

Definition of Graduation

Graduation is defined as the date the graduate earned the degree and not the date the student graduated from the program.

Pretesting on NBRC Examinations

Multiple-Choice Examinations

All multiple-choice examinations contain questions that are being pretested for use in future versions of the examinations. Pretesting questions allows examination committees to collect meaningful statistics about new questions that may appear as scored questions on future examinations. With pretesting methodology, examinees are ensured their scores are the result of sound measurement practices and that scored questions are reflective of current practice.

Pretesting is accomplished by interspersing new, untried questions throughout the examination. These questions are not scored as part of the candidate’s credentialing examination, and they do not affect an individual’s pass/fail status. The pretest questions are scattered throughout the examination so candidates will answer them with the same care they would questions to be scored, as part of the national examination. The statistical performance of the pretest questions is later evaluated, and questions which perform well can then be included on a future examination as scored questions.
To keep the credentialing examinations secure and reflective of current practice, new questions must continuously be developed and introduced in versions of the examination. Pretesting is an accepted psychometric practice and it assures candidates receive immediate scores using only previously used questions. The following table presents information about the number of pretest and scored questions in the multiple-choice credentialing examinations:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Total Questions</th>
<th>Candidates Must Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scored Questions</td>
<td>Pretest Questions</td>
</tr>
<tr>
<td>TMC</td>
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<tr>
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<td>20</td>
</tr>
<tr>
<td>PFT</td>
<td>100</td>
<td>15</td>
</tr>
</tbody>
</table>

Clinical Simulation Examination (CSE)
Scores from the Clinical Simulation Examination (CSE) are based on responses to 20 problems. Up to two additional pretest problems are included but do not count in the scoring of the examination. Pretesting permits evaluation of problem fairness before use for credentialing purposes. Pretest problems are randomly embedded and are not identified in the examination, so candidates should complete all problems with the same level of effort. The time limit for candidates to complete the CSE is four hours.

CRT – Certified Respiratory Therapist Credential
Effective January 2015, the name of the examination that candidates take for Certification changed from the Entry Level CRT Examination to the Therapist Multiple-Choice Examination (TMC). The TMC Examination is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. There are two established cut scores for the Clinical Simulation Examination. If a candidate achieves the lower cut score, they will earn the CRT credential. If a candidate achieves the higher cut score, they will earn the CRT credential AND become eligible for the Clinical Simulation Examination (provided that those eligibility requirements are met and the candidate is eligible to earn the RRT credential).

Therapist Multiple-Choice Examination Admission Policies
1. Be 18 years of age or older.
2. Be a graduate of and have a minimum of an associate degree from a respiratory therapy education program 1) supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC), or 2) accredited by the Commission on Accreditation of Allied Health Education Programs (CAAAHEP).
3. Hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

RRT – Registered Respiratory Therapist Credential
The examinations associated with the RRT were developed to objectively measure essential knowledge, skills, and abilities required of advanced respiratory therapists, and to set uniform standards for measuring such knowledge. Effective January 2015, the name of one of the examinations that candidates take for Certification changed from the Written Registry Examination to the Therapist Multiple-Choice Examination (TMC). The Therapist Multiple-Choice Examination also determines eligibility for the Clinical Simulation Examination.

There are two established cut scores for the Therapist Multiple-Choice Examination. Candidates become eligible to take the Clinical Simulation Examination by achieving the higher cut score on the Therapist Multiple-Choice Examination. The passing point associated with RRT eligibility is higher than the passing point associated with the CRT credential. Individuals who attempt and pass the Therapist Multiple-Choice Examination at the higher cut score and attempt and pass the Clinical Simulation Examination will be awarded the Registered Respiratory Therapist (RRT) credential.

Clinical Simulation Examination Admission Policies
1. Be a CRT and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014.
   or
2. Be a CRT and have successfully completed the TMC Examination by achieving the higher cut score.

CRT-to-Registry Admission Policy
1. Be a CRT for at least four years prior to applying for the examinations associated with the RRT. In addition, the applicant shall have at least 62 hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, physics, and mathematics.
   or
2. Be a CRT for at least two years prior to applying for the examinations associated with the RRT. In addition, the applicant shall have earned a minimum of an associate degree from an accredited entry-level respiratory therapy education program.
   or
3. Be a CRT for at least two years prior to applying for the examinations associated with the RRT. In addition, the applicant shall have earned a baccalaureate degree in an area other than respiratory care and shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, mathematics, microbiology, and physics.

RRT Eligibility Time Limit
Effective January 1, 2005, new graduates of accredited advanced-level education programs will have three years after graduation to earn the RRT credential. Individuals who do not earn the RRT credential within this time limit will be required to retake and pass the Therapist Multiple-Choice Examination at the CRT cut score to regain eligibility, and any previous passing performance to earn the RRT credential shall be nullified. Following regaining eligibility by taking and passing the Therapist Multiple-Choice Examination at the CRT
cut score, the candidate will have another three years to earn the RRT credential. The individual must apply as a new candidate and pay all applicable fees to take the Therapist Multiple-Choice and Clinical Simulation Examinations.

**Neonatal/Pediatric Respiratory Care Specialty Examination**

The Neonatal/Pediatric Respiratory Care Specialty Examination is designed to objectively measure essential tasks required of respiratory therapists in this specialty area.

**Neonatal/Pediatric Respiratory Care Specialty Examination Admission Policies**

1. Be a Registered Respiratory Therapist (RRT) **or**
2. Be a Certified Respiratory Therapist (CRT) for at least one year prior to applying for the Neonatal/Pediatric Specialty Examination.

**Sleep Disorders Specialty Examination**

The Specialty Examination for Respiratory Therapists Performing Sleep Disorders Testing and Therapeutic Intervention is designed to objectively measure essential knowledge, skills and abilities required of respiratory therapists in this specialty area.

**Specialty Examination for Respiratory Therapists Performing Sleep Disorders Testing and Therapeutic Intervention Admission Policies**

1. Be a CRT or RRT having completed a CoARC or CAAHEP accredited respiratory therapist education program including a sleep add-on track. **or**
2. Be a CRT for at least 6 months prior to applying for the examination. **or**
3. Be an RRT for at least 3 months prior to applying for the examination.

**Adult Critical Care Specialty Examination**

The Adult Critical Care Specialty Examination is designed to objectively measure essential knowledge, skills and abilities required of respiratory therapists in this specialty area.

**Adult Critical Care Specialty Examination Admission Policy**

1. Be an RRT for at least one year prior to applying for the examination.

**Certified and Registered Pulmonary Function Technologists Credentialing Programs**

Effective June 2015, the Certification Examination for Entry-Level Pulmonary Function Technologists (CPFT) and the Registry Examination for Advanced Pulmonary Function Technologists (RPFT) will transition to a one-examination, two-cut scores format. If a candidate achieves the lower cut score, they will earn the CPFT credential. If a candidate achieves the higher cut score, they will earn the CPFT and RPFT credential. The new Pulmonary Function Technologist (PFT) Examination is designed to objectively measure essential tasks required of a pulmonary function technologist.

**Pulmonary Function Technologist Examination Admission Policies**

1. Be 18 years of age or older.
2. Have a minimum of an associate degree from a respiratory therapy education program 1) supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC), or 2) accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). **or**
3. Be a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credentialed by the NBRC. **or**
4. Complete 62 semester hours of college credit from a college or university accredited by its regional association or its equivalent, including college credit level courses in biology, chemistry and mathematics. A minimum of six months of clinical experience* in the field of pulmonary function technology is also required prior to applying for the examination. **or**
5. Be a Certified Pulmonary Function Technologist (CPFT).

*Clinical experience is defined as a minimum of eight hours per week for a calendar year in pulmonary function technology under the supervision of a Medical Director of a pulmonary function laboratory or a special care area acceptable to the Board. Clinical experience must be completed before the candidate applies for this examination.

**Education and Clinical Experience Requirements**

**Education**

In enforcing the requirement of 62 semester hours of college credit, the NBRC will accept credit hours obtained at any public or private postsecondary vocational and/or technical school or institution, community or junior college, or university accredited by an agency recognized by either the Council for Higher Education Accreditation (CHEA) or by the U.S. Department of Education (USDE), provided the course work is listed on an official transcript reflecting either semester hours or quarter hours of credit. All course work must be completed before applying for the examination.

**Verification of Clinical Experience**

Eligibility requirements may contain admissions provisions which specify varying amounts of clinical experience. Completion of the required length of clinical experience by the time of application for testing must be verified by the candidate’s Medical Director in Section VI of the application. The following definitions of Medical Directors are provided to help the applicant identify the appropriate professional required to document their clinical experience.

The **Medical Director of a Respiratory Care Department/Service** shall be a licensed physician member of the active medical staff who has special interest and knowledge in the diagnosis, treatment, and assessment of respiratory problems and shall be responsible for the quality of respiratory care services provided in the inpatient, ambulatory care and/or home care settings. The physician shall be accountable to the medical staff and to the hospital administration for activities within the department.

In those instances where a respiratory care practitioner is actively employed in an area not under the direction of the Respiratory Care Department/Service, verification of clinical experience/active employment may be accomplished by one of the following:
Medical Director of a Special Care Area – shall be a licensed physician member of the active medical staff who is knowledgeable in the diagnosis, treatment, and assessment of respiratory problems and shall be responsible for the quality of respiratory care or pulmonary function technology services provided. The physician shall be accountable to the medical staff for activities within the Special Care Area.

Medical Director of a Home Care/Ambulatory Service – shall be a licensed physician knowledgeable in the diagnosis, treatment, and assessment of respiratory problems. The physician shall be responsible through the generation of appropriate policies for assuring that the quality of care provided to home care patients is comparable to that provided to inpatients, hospital ambulatory care patients, and emergency care patients in hospitals and that each patient receiving respiratory home care services is under the care of a licensed physician who has the primary responsibility for the patient’s care. The physician shall have authority at the policy-making level of the company to carry out this responsibility.

Continuing Competency Program (CCP) Requirements

All individuals credentialed by the NBRC on or after July 1, 2002, are required to participate in the Continuing Competency Program (CCP). Individuals credentialed prior to July 1, 2002, are not required to participate, and may choose to do so voluntarily, but their original credential will remain in effect. The policies governing the program follow:

Effective July 1, 2002, all credentials issued by the NBRC will be awarded for a term of five years, calculated from the end of the calendar month in which the credential was issued. An exact expiration date will be contained on credentialing certificates, clearly indicating the requirement that the individual renew the credential through the CCP.

Continuing Competency Program Options: Individuals have the following three options from which to choose in renewing their credentials for an additional five years beyond their initial credentialed date:

A. Provide proof of completion of a minimum of 30 hours of Category I Continuing Education (CE) acceptable to the NBRC.

"Category I" Continuing Education is defined as participation in an educational activity directly related to respiratory therapy or pulmonary function technology which includes any one of the following:

1. Lecture – a discourse given for instruction before an audience or through teleconference.
2. Panel – a presentation of a number of views by several professionals on a given subject with none of the views considered a final solution.
3. Workshop – a series of meetings for intensive, hands on, study or discussion in a specific area of interest.
4. Seminar – a directed advanced study or discussion in a specific field of interest.
5. Symposium – a conference of more than a single session organized for the purpose of discussing a specific subject from various viewpoints and by various presenters.

B. Retake the respective examination(s) for the credential being renewed and achieve a passing score.

Individuals may take the recredentialing examination anytime during the five-year period. The new five-year recredentialing period will begin as of the date of passing the examination.

Individuals holding multiple NBRC credentials, and who elect to recredential through the examination option, must do so by passing the examination for the highest level credential held that is subject to the CCP.

C. Pass another NBRC credentialing examination not previously completed.

Passing an NBRC credentialing examination, not previously completed, shall automatically extend the recredentialing period of all of the other credentials held by the applicant for an additional five years, calculated from the date of the additional credentialing examination just passed. The result of this policy will be that the credentials held by this individual will each expire on the same date, allowing recredentialing for all credentials held to occur simultaneously in the future.

Individuals who hold NBRC credentials completed prior to July 1, 2002, and who pass an NBRC credentialing examination, not previously completed, after July 1, 2002, shall be required to participate in the CCP only for the credential achieved after July 1, 2002, and may voluntarily participate for all other credentials held. Credentials achieved prior to July 1, 2002, shall not be impacted by this program.

What to do if your credential expires:

- If you are within 6 months of credential expiration, you have the option of entering your CEUs online and paying a $250 reinstatement fee. Please note: this is a completely online process and CEUs must have been earned during the 5-year credential term.
- If the grace period option is not utilized, you have two years following expiration to apply for testing and to reinstate your credential. You will be required to pay the new application fee and a $150 expired credential fee. If you successfully complete the examination, your credential will be reinstated without having to meet the then-current admission requirements. However, if two years lapse and you have not successfully passed the examination, you are required to apply as a new applicant and meet all admission policies in effect at that time. Please note: if you have more than one expired credential, you must apply for and pass all examinations to reinstate all expired credentials.

The NBRC intends for the completion of continuing education credit to coordinate with the requirements of state licensure agencies. Individuals can use the same continuing education hours to satisfy state requirements as well as Continuing Competency Program requirements. Individuals may also use AARC-CRCE credit to fulfill the Continuing Competency Program requirements. Continuing education information must be submitted online at www.nbrc.org.

or

or

or

or

or

or
Candidates for state credentialing apply according to procedures administered on behalf of state agencies for legal credentialing. Recognition of the voluntary national credentials, the NBRC has adopted The NBRC cooperates with states that have enacted legislation to NBRC and State Credentialing certificate renewal.

Examination for recredentialing and many states accept recredential - (AARC) awards CRCE credit for successful completion of an NBRC 

Individuals who demonstrate professional competency by passing an examination for recredentialing receive a certificate recogniz - this achievement. The American Association for Respiratory Care NBRC Examination for recredentialing receive a certificate recogniz - 

Individuals credentialed prior to July 1, 2002 are not required to participate in the Continuing Competency Program and may choose to voluntarily recredential. The NBRC has a voluntary recredentialing program and encourages all credentialed practitioners to retake their respective examinations periodically to assess their competencies against current standards. These examinations are offered at reduced fees for practitioners maintaining active status with the NBRC. The NBRC allows individuals to attempt an examination for recredentialing every three years or when the content of an examination is revised. Requests for exceptions to this policy will be considered on an individual basis.

Individuals applying for an examination for recredentialing should submit the standard examination application and indicate their status as a candidate for recredentialing by checking the appropriate box. Individuals who demonstrate professional competency by passing an NBRC Examination for recredentialing receive a certificate recognizing this achievement. The American Association for Respiratory Care (AARC) awards CRCE credit for successful completion of an NBRC Examination for recredentialing and many states accept recredentialing as completion of some or all of the requirements for license/ certificate renewal.

The NBRC cooperates with states that have enacted legislation to regulate the practice of respiratory care. To ensure the value and recognition of the voluntary national credentials, the NBRC has adopted policies that permit the Therapist Multiple-Choice Examination to be administered on behalf of state agencies for legal credentialing. Candidates for state credentialing apply according to procedures established by the state; questions concerning legal credentialing should be directed to the responsible state agency.

Voluntary Recredentialing

Individuals credentialed prior to July 1, 2002 are not required to participate in the Continuing Competency Program and may choose to voluntarily recredential.

Why do I need to comply?

In order to maintain each credential you have earned subject to the CCP, you must follow one of the three methods for compliance. Once credentials expire, they can no longer be used because they are federally registered trademarks that are reserved for the use by those individuals who successfully complete the examination(s) and participate in the mandatory Continuing Competency Program. This means that any use of this credential designation, whether using it to sign a patient chart or medical document, applying for a state license as an individual holding the credential, or seeking employment as a therapist with the credential, violates the NBRC’s Judicial and Ethics Policies and can result in disciplinary action by the Board.

The status of your credential may also affect your state-issued license to practice respiratory care. Many states require that you hold an active credential in order to maintain your license. By allowing your credential(s) to expire, you may be putting your license to practice and your livelihood at risk. If you believe your credential is at risk for expiration, you are encouraged to check with your state licensure agency to confirm the requirements of maintaining your license. A directory of all state licensure agencies can be found on our website.

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NBRC and State Credentialing

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Application Procedures and Examination Policies

Filing Your Application and Notification of Eligibility

Examinations are administered by computer at more than 190 sites across the United States and Internationally. Examinations are administered by appointment only Monday through Saturday at 9:00 am and 1:30 pm. There are no application deadlines and candidates who meet the admission requirements for an examination may submit their applications at any time online at www.nbrc.org. A paper application is included in the back of this handbook. It is YOUR responsibility to ensure that the application and all supporting documents have been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Please allow up to 10 business days for processing of paper applications. Applications that are found to contain inaccurate or untruthful responses may be denied. Ineligible applications will be returned, less a $50 processing fee. When the admission requirements are satisfied, the applicant may register by one of the following methods:

1. Apply and/or schedule online.

Visit www.nbrc.org to complete an application online. Once you complete the online application process you will receive an immediate response. You will either be notified of additional information required to complete the application process or you will be prompted to schedule your examination appointment.

Online application submission is available for all individuals paying the examination fee by credit card (Visa, MasterCard, American Express, and Discover).

or

2. Mail your application form. THIS IS A TWO-STEP PROCESS

A. Complete all sections of the application form. Mail or fax it to the NBRC with the required documentation and examination fee (paid by credit card, personal check, cashier’s check, or money order) to the address indicated on the form. The NBRC recommends using certified mail or a certificate of mailing and keeping your receipt as proof that your application was sent. However, sending your application by express mail does not mean that it will be processed in an express manner.

Within approximately two weeks after receipt, your application will be processed and a confirmation notice of eligibility sent. If eligibility cannot be confirmed, a letter explaining why the application is incomplete will be sent. If you do not receive a confirmation of eligibility or an incomplete notice within four weeks after mailing your application, contact the NBRC. If your application is not on file, you will be asked to send a replacement application form and fee.

and

B. The confirmation notice will contain a toll-free telephone number and website address for you to schedule an examination appointment. This toll-free line is answered from 7:00 am to 9:00 pm (Central Time) Monday through Thursday, 7:00 am to 7:00 pm on Friday, and 8:30 am to 5:00 pm on Saturday. Appointments can be scheduled online, 24 hours a day, 7 days a week.
**Holidays**

Examinations will not be offered on the following holidays:

- January 1, 2016 – New Year’s Holiday
- January 18, 2016 – Martin Luther King Jr. Day
- February 15, 2016 – President’s Day
- March 25, 2016 – Good Friday
- May 30, 2016 – Memorial Day
- July 4, 2016 – Independence Day
- September 5, 2016 – Labor Day
- October 10, 2016 – Columbus Day
- November 11, 2016 – Veteran’s Day
- November 24-25, 2016 – Thanksgiving Holiday
- December 23-26, 2016 – Christmas Holiday
- December 30, 2016 – January 2, 2017 – New Year’s Holiday

All individuals are scheduled for examination appointments on a first-come, first-served basis. Refer to the following chart:

<table>
<thead>
<tr>
<th>If you call the NBRC to schedule an examination appointment before 3:00 p.m. Central Time on ...</th>
<th>Depending upon availability, your examination may be scheduled beginning ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<tr>
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<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

**Application Expiration**

Once you submit an application and are deemed eligible, your eligibility to take an examination is valid for 90 calendar days. If you fail to schedule an examination appointment within the 90-day period, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

**Name and Address Change**

If you move or change your name, immediately notify the NBRC. Address changes may be submitted online at [www.nbrc.org](http://www.nbrc.org) or by email at nbrc-info@nbrc.org.

**Examination Fees**

<table>
<thead>
<tr>
<th>New Applicant Fee</th>
<th>Repeat Applicant Fee</th>
<th>Voluntary Recredentialing Fee</th>
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<tr>
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<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>PFT</td>
<td>$200</td>
<td>$170</td>
</tr>
<tr>
<td>NPS</td>
<td>$250</td>
<td>$220</td>
</tr>
<tr>
<td>SDS</td>
<td>$300</td>
<td>$250</td>
</tr>
<tr>
<td>ACCS</td>
<td>$300</td>
<td>$250</td>
</tr>
</tbody>
</table>

Expired Credential Application Fee – A one-time compliance fee of $150 is required when testing to reinstate credential that has since expired.

Examination fees may be submitted by credit card (Visa, MasterCard, American Express, and Discover), personal check, cashier’s check, or money order payable to NBRC. Do not send cash. If you submit a money order or cashier’s check, keep your receipt as proof of payment. Postdated checks are not an acceptable form of payment. A **$50 nonrefundable processing fee is included in the application fee.**

A **$25 NSF fee will be charged for any declined credit card or check returned unpaid to the NBRC for any reason.** You must send a certified check or money order for the amount due, including the NSF fee, to the NBRC to cover returned checks or declined credit card transactions.

**Transfer and Refund of Fees**

The NBRC’s policies regarding transferring and/or refunding examination fees are:

- Candidates deemed ineligible for an examination will receive a refund of their application fee, less a $50 processing fee.
- Candidates who do not schedule an examination appointment within 90 days from the date their eligibility is confirmed will forfeit their entire application fee and must reapply and resubmit the application fee.
- Candidates may transfer their examination appointment on **one** occasion to another date (within the 90-day eligibility period) without penalty by contacting the testing agency at least **two** business days prior to their scheduled appointment. Holidays are not considered business days. See following table:

<table>
<thead>
<tr>
<th>If your examination is scheduled on ...</th>
<th>You must reschedule online or call the testing agency by 3:00 p.m. Central Time to change your reservation by the previous ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
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<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

- Candidates who are hospitalized or experience a death in the immediate family that prevents them from attempting the examination, may transfer their examination fees and reschedule the examination appointment. This policy is strictly enforced, and proof of the candidate’s hospitalization or a death in the immediate family is required. After approval by the NBRC, the candidate may schedule another appointment for the examination.
- Candidates who fail to appear for an examination appointment or arrive at the Assessment Center more than 15 minutes late for their appointment will not be tested, will not receive a refund, and cannot transfer their fees to a future examination appointment. Individuals who are late or miss an examination appointment will be required to submit another application and fee.

**Assessment Center Locations/Facilities**

Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. Specific driving directions and maps for each PSI/AMP Assessment Center location are available on the NBRC’s website at [www.nbrc.org](http://www.nbrc.org).
The NBRC and the testing agency are concerned with providing the best Assessment Center facilities possible for candidates attempting NBRC examinations. Candidates can assist the NBRC and the testing agency in this endeavor by answering the questions about the examination environment and facilities following the examination questions in the computerized examination.

**International Examinations**

Candidates who qualify for examinations and request testing in international locations will be accommodated through web-based technology and given computerized examinations in a testing environment similar to the conditions available through the NBRC’s testing agency. Please refer to our website for a current listing of international testing centers.

Candidates who desire to take an examination outside the United States should submit a written request containing the desired date of testing and preferred location along with the required additional $150 fee with their application. Please note that active Military Personnel deployed overseas are not required to pay the $150 foreign test center fee.

**Inclement Weather**

In the event of inclement weather or unforeseen emergencies on the day of an examination, the NBRC and PSI/AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination at a particular Assessment Center. The examination will usually not be rescheduled if the proctor is able to open the Assessment Center.

Candidates may visit PSI/AMP’s website at www.goAMP.com prior to the examination to determine if PSI/AMP has been advised that any Assessment Centers are closed. Every attempt will be made to administer all examinations as scheduled. However, should an examination be canceled at an Assessment Center, all scheduled candidates will be contacted about rescheduling their examinations.

**Release of Information**

The NBRC and its testing agency are committed to protecting the confidentiality of candidates’ records and have adopted policies to ensure their privacy. Information about candidates for credentialing and their examination results are not released by telephone under any circumstances. However, nothing in these policies prohibits transfer of data in the custody of the testing agency to the NBRC. Candidates’ examination results and credentialing status may be released to state licensure agencies, accredited respiratory care education programs, and the Commission on Accreditation for Respiratory Care (CoARC).

**Verification of Scores**

In computer-delivered testing, the computer accepts responses from a keyboard or mouse in digitized form. As a result, computer-administered testing eliminates problems that may have previously arisen with scanning paper-and-pencil answer sheets, since all responses are recorded by candidates during their examinations. However, verification of examination scores from electronic responses can be requested in writing for a fee of $15 for multiple-choice examinations and $25 for the Clinical Simulation Examination. Requests must be submitted to the NBRC, in writing, within 12 months after the examination.

**Duplicate Score Reports**

Candidates may purchase additional copies of their score reports at a cost of $25 per copy. Requests must be submitted to the testing agency, in writing, within 12 months after the examination. The request must include the candidate’s name, Social Security number, mailing address, telephone number, date of examination, and the examination taken. Submit this information with the required fee payable to the testing agency, PSI/AMP. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

**Cancellation of Scores**

The NBRC and its testing agency are concerned with only reporting valid scores. On rare occasions, circumstances may make examination scores invalid. The NBRC and/or its testing agency reserve the right to cancel or withhold any examination scores if, in their sole opinion, there is cause to question the validity of the scores. Scores declared invalid and canceled by the NBRC and/or its testing agency may be grouped into two categories:

1. Doubts may be raised about the validity of candidates’ scores because of suspected misconduct; in such circumstances, candidates are to cooperate with the investigation of their scores. If scores are canceled because of suspected candidate misconduct, the NBRC will investigate such matters to determine if candidates will be eligible for re-examination.

2. Some scores may be rendered invalid because of circumstances beyond the candidate’s control, such as mistiming. The testing agency will investigate such situations. When such occurrences result in canceling candidates’ scores, the NBRC is notified that there are no reportable scores for reasons beyond the candidates’ control. In this event, the testing agency arranges a free make-up examination for all candidates concerned.

In addition to the reasons listed in this section, the NBRC may cancel or invalidate examination results if, upon investigation, NBRC policies outlined in this publication are found to have been violated.

**Appeals**

The NBRC provides an appeal mechanism for challenging denial of admission to the examination or revocation of certification. It is the responsibility of the individual to initiate the appeal process by written request to the Admissions Committee. Please send written requests to the NBRC Executive Office, 18000 W. 105th St., Olathe, KS 66061-7543.

**Inactive Eligibility Records**

An application on file in the Executive Office shall be considered inactive after a period of one year has elapsed without the applicant being scheduled for an examination or providing any indication of a desire to attempt an examination. When a file is inactive, all application fees shall be forfeited and the candidate shall be required to submit a new application and fee and to provide documentation of eligibility under current admission policies to re-enter the examination system.
Judicial and Ethics Policies

Applications for examinations may be refused if the NBRC receives evidence to indicate the applicant may have committed any of the following violations:

1. Obtaining or attempting to obtain Certification, Registration, Recertification, or Reregistration by fraud, deception, or artifice.

2. Knowingly assisting another person or other persons in obtaining or attempting to obtain Certification, Registration, Recertification, or Reregistration by fraud, deception, or artifice.

3. Failure to follow examination security protocols.

4. Unauthorized use of a Certification or Registry certificate or falsification of credentials, or any other NBRC documents.

5. Unauthorized possession and/or distribution of any official NBRC testing or examination materials to include copying and/or reproduction of any part of NBRC examination questions or problems.

6. Credentialed practitioners and/or examination candidates may be disciplined for offenses related to their practice of respiratory therapy and/or pulmonary technology which gives cause to question the individual's ability to practice in a safe and competent manner. Such offenses include, but are not limited to:
   a. Conviction in a court of law, after all appeals have been exhausted, of a drug or alcohol-related offense that would cause question as to the individual’s ability to appropriately interact with patients and others on the job.
   b. Conviction in a court of law, after all appeals have been exhausted, of a job-related offense indicating the individual’s intentional negligence and/or purposeful misconduct that results in endangering the health and/or safety of a patient.
   c. Conviction in a court of law, after all appeals have been exhausted, of an act of physical violence (murder, assault, rape, robbery, etc.) that would cause question as to the individual’s ability to appropriately interact with patients and others on the job.
   d. Revocation or denial of a license to practice respiratory therapy and/or pulmonary technology, or another health related profession, by an authorized state agency due to:
      i. a drug or alcohol-related offense that would cause question as to the individual’s ability to appropriately interact with patients and others on the job.
      ii. a job-related offense indicating the individual’s intentional negligence and/or purposeful misconduct that results in endangering the health and/or safety of a patient.
      iii. an act of physical violence (murder, assault, rape, robbery, etc.) that would cause question as to the individual’s ability to appropriately interact with patients and others on the job.
   e. Voluntary surrender of a license to practice respiratory therapy and/or pulmonary technology, or another health related profession, by a credentialed individual and/or examination candidate to an authorized state agency due to:
      i. a drug or alcohol-related offense that would cause question as to the individual’s ability to appropriately interact with patients and others on the job.
      ii. a job-related offense indicating the individual’s intentional negligence and/or purposeful misconduct that results in endangering the health and/or safety of a patient.

7. Credentialed practitioners and/or examination candidates may be disciplined for offenses related to their practice of respiratory therapy and/or pulmonary technology which gives cause to question the individual’s ability to appropriately interact with patients and others on the job.

8. Any act of physical violence (murder, assault, rape, robbery, etc.) that would cause question as to the individual’s ability to appropriately interact with patients and others on the job.

9. Use of any authorized designation (RRT, CRT, RPFT, CPFT, CRT-NPS, RRT-NPS, CRT-SDS, RRT-SDS, RRT-ACCS or any other designation granted by the NBRC) in any unauthorized manner, including, but not limited to, disparaging usage or usage for commercial gain.

If the NBRC determines that any evidence warrants additional consideration, the applicant will be notified and will have an opportunity to present information on their behalf. Upon receiving information from all parties involved, the Judicial & Ethics Committee will either issue a decision or recommend that a formal hearing be conducted and a final decision made by the Judicial and Ethics Committee.

The Day of the Examination

Report to the Assessment Center no later than your scheduled testing time; ANYONE WHO ARRIVES MORE THAN 15 MINUTES AFTER THEIR SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the Assessment Center, you need to present two forms of identification, one with a current photograph. Both forms of identification must be current and include your current name and signature. You will also be required to sign a roster for verification of identity.

Bring two pieces of identification including ONE of the following:

1. driver’s license with photograph
2. state identification card with photograph
3. passport
4. military identification card with photograph

The second form of identification must display your name and signature for signature verification.

YOU MUST PRESENT PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.

Please note: A temporary driver’s license or any other temporary form of identification (e.g., employment and student I.D. cards) are not acceptable.

After your identification has been verified, you will be directed to the examination room and assigned to a testing computer. You will be instructed to enter your Social Security number on the computer screen, and take your photograph. This photograph will appear in the upper right corner of the computer screen during your examination, and it will be printed on your score report.

Security

PSI/AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No personal belongings, including cell phones, smart phones or other electronic devices are allowed in the testing room. You will be asked to return them to your car or turn them to the off position and place them in a soft-locker provided by the site. If your electronic device rings, vibrates or makes
any noise during the examination, you will be dismissed from testing and no refund will be provided.

- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.

**Personal Belongings**

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed.

Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- cell phones or personal communication devices

Once you have placed everything into the soft locker, you will be asked to pull your pockets out to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

**Examination Restrictions**

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

**Misconduct**

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones, tablets;
- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

**Copyrighted Examination Questions**

All examination questions are the copyrighted property of the NBRC. It is forbidden under federal copyright law to copy, reproduce, record, distribute, or display these examination questions by any means, in whole or in part, without written permission. Doing so may subject you to severe civil and criminal penalties.

**Sample Examination**

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice session (10 minutes) is NOT counted as part of your examination time, and it in no way affects your examination score. When you are comfortable with the computer-testing process, you may quit the practice session and begin the timed examination.

**Timed Examination**

Following the sample examination, you will begin the timed examination. Before beginning, instructions for taking the examination will be provided on-screen. The following time limits are in effect:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Testing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist Multiple-Choice</td>
<td>3 hours</td>
</tr>
<tr>
<td>Clinical Simulation</td>
<td>4 hours</td>
</tr>
<tr>
<td>Pulmonary Function Technologist</td>
<td>2 hours</td>
</tr>
<tr>
<td>Neonatal/Pediatric Specialty</td>
<td>3 hours</td>
</tr>
<tr>
<td>Sleep Disorders Specialty</td>
<td>4 hours</td>
</tr>
<tr>
<td>Adult Critical Care Specialty</td>
<td>4 hours</td>
</tr>
</tbody>
</table>

The computer will monitor the time you spend on the examination. The examination will terminate at the allotted time limit. If you wish to keep track of the time during the examination, you may click on the “Time” box in the lower right-hand corner of the screen or select the TIME key on the keyboard. A digital clock will indicate the time remaining for you to complete the examination. You may toggle this feature on and off as you desire.

**After You Finish the Examination**

After you have completed the examination and answered the questions regarding your testing experience, you will be instructed to report to the Assessment Center proctor to receive your score report. The score report will include your photograph and your examination results indicating “pass” or “fail.”

For examinations containing multiple-choice items, scores will be reported as raw scores. Each item is worth one point, so the sum of correct responses is a raw score. Raw scores will be reported for each content area and the whole examination. Your total score determines whether you pass or fail the examination after a comparison to the cut score. The cut score for a multiple-choice type of examination is the result of a study that was intended to define the minimum acceptable performance level and link this level to an examination score by relying on data collected from a panel of respiratory therapists.
The cut score for the Clinical Simulation Examination is linked to decisions made by the examination committee about whether each positively-scored option was required as a demonstration of minimal competence or could be forgiven. Although the simulation examination will contain distinctly different sections in which information is gathered and other sections in which decisions will be made, points associated with candidates’ responses will be summed across the whole examination to yield one score that will be compared to the cut score. The comparison of your score to the cut score will determine whether you pass or fail. You will receive feedback by receiving subscores associated with each type of problem as defined by the characteristics of the patient (for example, COPD, trauma, neonatal, pediatric). The two types of sections – information gathering and decision making – will yield subscores as well.

If You Pass the Examination
Successful candidates will receive the appropriate credential. The national credentials and any designated acronym are listed below. Your date of credential will be listed as the date you passed the respective examination(s).

- CRT – Certified Respiratory Therapist
- RRT – Registered Respiratory Therapist*
- CPFT – Certified Pulmonary Function Technologist
- RPFT – Registered Pulmonary Function Technologist
- CRT-NPS or RRT-NPS – Neonatal/Pediatric Specialist
- CRT-SDS or RRT-SDS – Sleep Disorders Specialist
- RRT-ACCS – Adult Critical Care Specialist

* The RRT credential is awarded only after the candidate passes both the higher cut score of the Therapist Multiple-Choice Examination and passes the Clinical Simulation Examination.

On approximately the 15th day of the month following the month in which you successfully completed the examination, the NBRC will mail your certificate, uniform patch and wallet card. You will receive active NBRC status for the remainder of the calendar year following the date of the examination and an online subscription to Horizons, the NBRC’s quarterly newsletter. Your name will also be listed in the online Directory published on the NBRC’s website. For further instructions regarding service order requests, please visit www.nbrc.org.

In successive years, you can renew and maintain active status by submitting the annual renewal form mailed by the NBRC or by renewing online at www.nbrc.org. The requirements for active status are active involvement in respiratory care and/or pulmonary function technology under licensed medical supervision, submission of a renewal form, and payment of the required fee. The active status renewal period begins January 1 and expires December 31 each year.

Practitioners who do not satisfy the requirements for active status will not have access to Horizons and will not be listed in the Active Directory. However, all individuals credentialed by the NBRC (active and inactive) will be listed in the searchable “All Directory” available to all hospitals and state regulatory agencies to assist employers, state agencies, and others wishing to verify credentials. Persons holding inactive status may be reactivated by satisfying the requirements for active status at any time during the calendar year. Credentialed practitioners who are not actively practicing respiratory care and/or pulmonary function technology, yet wish to support the NBRC through annual renewal, may renew as an “NBRC Supporter” and be listed in the Directory as well as receive all of the benefits of active status.

If You Fail the Examination
Failing candidates may repeat an examination by submitting a reapplication form and the appropriate fee. Note that there are no waiting periods between attempts for the examinations. To qualify for the examination, you must maintain an active application file in the Executive Office (refer to page 10, Inactive Eligibility Records). There is no limit to the number of times an individual may attempt an examination.

Candidates who have failed a multiple-choice examination or simulation examination are encouraged to evaluate their sub scores for information that may help with remediation. While each sub score is an accurate reflection of achievement, the accuracy of one sub score compared to another sub score is likely to vary directly with the number of points associated with each section. A candidate who has failed is encouraged to remediate in each area in which there is potential to correctly answer additional items during the next attempt.

Examination Preparation

Examination Content
To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content areas and complexity levels tested. The detailed content outlines available at www.nbrc.org describe the content areas and three complexity levels covered on each examination. The outlines can be used to get a general impression of the examination, and with closer inspection, can give you specific study direction. For example, you can determine the relative importance of each content area on the examination by reviewing the number of questions in each section. The detailed content outline presents the specific patient care settings and content areas available for testing. Examination questions cover the range of three cognitive levels.

Cognitive Levels
Recall is the ability to recall or recognize specific information.
Application is the ability to comprehend, relate, or apply knowledge to new or changing situations.
Analysis is the ability to analyze information, to put information together to arrive at solutions, and/or to evaluate the usefulness of the solutions.

Study Suggestions
Candidates should remember that the questions on NBRC credentialing examinations are job-related; they are not designed to test the recall of isolated facts or the basic information presented in specific courses of the curriculum for respiratory care education programs.

Study Resources
A variety of textbooks are currently available to assist candidates in preparing for the credentialing examinations. You should contact a faculty member at an accredited respiratory care education program or experienced colleague if you need help determining which references to review in a specific content area. For your convenience, a list of publications that present standards to which some examination questions may refer is presented below. The most current version of each reference should be used.
American Heart Association

Standards and Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC)

Textbook of Advanced Cardiac Life Support

Textbook of Pediatric Basic Life Support

Textbook of Neonatal Resuscitation (American Heart Association/ American Academy of Pediatrics)

Textbook of Pediatric Advanced Life Support

National Committee for Clinical Laboratory Standards, Wayne, Pennsylvania

Blood Gas Pre-analytical Considerations: Specimen Collection, Calibration and Controls Oxygen Content Hemoglobin, Oxygen Content (Saturation) and Related Quantities in Blood Terminology, Measurement, and Reporting Percutaneous Collection of Arterial Blood for Laboratory Analysis Tentative Standard for Definitions of Qualities and Conventions Related to Blood Ph and Gas Analysis

AARC Clinical Practice Guidelines

ATS Statement – Standardization of Spirometry, 2005 Update


Practice Examinations

Multiple-Choice Examinations

The NBRC is one of the few certifying boards providing full-length multiple-choice practice examinations for its credentialing examinations. These practice examinations are equal in content, length, and difficulty level to the actual credentialing examinations. The practice examinations are computerized and available in web-based format at www.nbrc.org. They are designed to simulate taking an examination, and the software is identical to that which is used for the computerized administration of NBRC examinations. The actual credentialing examinations have time limits for completion, so allow yourself no more than the allotted time to simulate actual examination conditions. Remember, these questions sample the scope of content tested on the actual examination. It is suggested that you take these examinations, print the Performance Report, and identify the correct answer for any question you may have missed or were unable to answer.

Clinical Simulation Examinations (CSE)

The practice examination for the Clinical Simulation Examination is a one-problem simulation exercise. Candidates for the Clinical Simulation Examination (CSE) should be aware that the purpose of this practice simulation is to familiarize them with the format of the examination and the functionality of the software. The difficulty of this practice simulation is not a reflection of the difficulty of the simulations on the actual examination. Candidates are encouraged to review information elsewhere in this handbook for specific information about the content of the CSE.

Self-Assessment Examinations

Anyone preparing to take an NBRC examination can assess how they will perform before actually attempting a credentialing examination by taking the official NBRC Self-Assessment Examinations (SAEs). Many of the examination questions on SAEs were once used on official credentialing examinations and duplicate them in content and difficulty. These official SAEs not only help individuals prepare for the real examinations, they actually predict examination performance with close to 95 percent accuracy.

Previous research demonstrated that the SAEs can estimate performance on the actual credentialing examinations with surprising accuracy. In addition, the research revealed that approximately 23 percent of individuals using the SAEs actually improved their performance on the credentialing examinations. The feedback from the SAE provides an opportunity to evaluate and remedy less-than-desirable examination performance before taking the credentialing examination. The official SAEs are the only products that contain retired examination questions and the only ones that provide the respective examination committees’ rationale for the best response to each question.

Official Self-Assessment Examinations (SAEs) are only available in Web-based format for purchase online through the NBRC’s testing agency, PSI/AMP. PSI/AMP’s e-store offers all currently available NBRC web-based SAEs for purchase online. Visit www.goAMP.com to order an SAE today.

Study Sequence

Using the practice examination and the SAEs, you can review hundreds of questions just like those on the actual credentialing examination. The following sequence may assist you in identifying content areas where additional study might be beneficial.

1. Read the NBRC Candidate Handbook and examination supplements completely.

2. Take the computerized practice examination under simulated examination conditions, free of distractions, and observing the established time limit.

3. Review the Performance Report after completing the practice examination and identify content areas where examination performance could be improved.

4. Review all questions answered incorrectly to determine topics where further study is needed.

5. Take at least one version of the SAE.

6. Review all questions answered incorrectly in the SAE as well as the explanations to determine where additional study would improve examination performance.
Examination Software

Multiple-Choice Examinations Software

During the examination, only one question will be presented on the screen at a time (see Figure 1). The question number appears in the lower right portion of the screen. The entire question appears on-screen. (Note: If a question contains more text than can appear on screen at the same time, a typical windows scroll bar will be available on the right side of the screen to allow viewing of the rest of the question.) After you have reviewed the question, indicate your choice by entering the letter of the option you think is the correct answer (A, B, C or D) or click on the option using the mouse. The response you have chosen will appear in the lower left portion of the screen. To change your answer, simply enter a different option by clicking on the option using the mouse or by pressing the A, B, C or D key. You may change your answers as many times as you wish during the timed testing period.

The most accurate sample of mixed venous blood is obtained from the

A. pulmonary vein.
B. superior vena cava.
C. left atrium.
D. pulmonary artery.

You may leave an examination question unanswered and return to it later. You may also bookmark questions for later review by clicking in the blank square to the right of the Time button. Clicking on the hand icon or selecting the NEXT key advances to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When you have completed the examination, the number of examination questions you answered is reported. If you have not answered all questions and you have time remaining, return to the examination and answer those questions. Be sure to answer each examination question before ending the examination. There is no penalty for guessing.

You may provide online comments for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where you may enter your comments.

When all questions have been answered or you wish to quit testing, you can click on the “COVER” button in the lower left corner of the toolbar or press the key labeled “COVER” on the keyboard. A screen is then displayed providing the number of questions answered out of the number possible, as well as the amount of any time remaining (see Figure 2). If there is time remaining, you have the option of returning to the examination by clicking on the “Test” button, or by pressing the key labeled “TEST” on the keyboard. You may then continue to review questions and change responses, if desired. You can end the examination session by clicking on the “QUIT” button or by pressing the key labeled “QUIT” on the keyboard. This procedure is designed to ensure that you are truly finished testing before exiting the examination session. To end the examination, you will always be required to confirm your desire to quit the examination.

Clinical Simulation Examination Software

Three windows appear on the screen at all times during a simulation examination (see Figure 4). The Scenario Window section is displayed across the top of the screen; the candidate’s picture is displayed in the upper right-hand corner of this window. Each simulation begins with a brief paragraph in this window that provides preliminary information about the patient; subsequent sections contain information about the changing patient situation. A scroll bar is available when necessary to view all text. Each Scenario Window will also provide the candidate with specific instructions about whether to “CHOOSE ONLY ONE” response in the section or to “SELECT AS MANY” responses as appropriate to gather information.

The Options Window is displayed as the lower left portion of the screen and contains all options (choices or possible responses) from which to choose in the current section. A scroll bar is also available when necessary to view all options.
Figure 4

The Simulation History Window is displayed as the lower right portion of the screen. This window can be displayed in two formats using the button labeled “Current Section/Simulation History” located at the top of this window. When in the “Current Section” mode, the options chosen in the current section and the results for each choice are displayed in this window. When in the “Simulation History” mode, the scenarios from all previous sections as well as the options chosen and their results are displayed in the window. A scroll bar is available on the right side of this window to review previous scenarios and/or options and results.

Once you have read the scenario for each section and determined which option(s) are appropriate for selection, you can simply click the box to the left of the option to “choose” it. Immediately, the option selected and the results for that option appear in the right-hand Simulation History Window. After you select or “choose” an option, you cannot reconsider and “unselect” it, since the information from that option has been revealed.

In sections where you are instructed to “SELECT AS MANY as you consider indicated,” you should select all of the options believed appropriate at the time and then click the “Go To Next Section” button at the bottom left of the screen to continue to the next section. A dialog box will appear requesting that you confirm you wish to continue to the next section and warning that returning to this section to make additional choices will not be possible. By selecting “Yes,” the software automatically takes you to the next section of the patient simulation.

In sections where you are instructed to “CHOOSE ONLY ONE unless directed to make another selection,” you should carefully review each option and then choose the one best option. A dialog box will then appear to present the results for the choice or request that you select another response in the section.

You are allowed four hours to complete all 22 problems (20 scored problems and two pretest problems) in the CSE. A clock button appears in the lower right portion of the screen; this displays the time remaining for the examination. You may toggle the clock button to display or hide the time remaining in the examination session.

A “Help Screen” will be accessible to you throughout the simulation examination to explain how to navigate through the examination.
1. EXAMINATION INFORMATION

Check the examination for which you are applying:

☐ Therapist Multiple-Choice (TMC)
☐ Clinical Simulation (CSE)

**Examination Fees and Payment Information**

Enclose applicable examination fee or completed credit card information. Make check or money order payable to the NBRC and enclose with this application. (Do not send cash. A $25 non-refundable processing fee will be charged for any declined credit card or returned check.)

<table>
<thead>
<tr>
<th>New Applicant Fee</th>
<th>Repeat Applicant Fee</th>
<th>Active NBRC Status</th>
<th>Inactive NBRC Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMC</td>
<td>$190</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td>CSE*</td>
<td>$200</td>
<td>$150</td>
<td>$200</td>
</tr>
</tbody>
</table>

*You must pass the TMC examination at the higher cut before applying for the CSE.

☐ Expired Certification Application Fee – (check if applicable)
A one-time compliance fee of $150 is required when testing to reestablish a previously held credential that has since expired.

☐ International Assessment Center Fee – $150 (check if applicable)
Refer to the NBRC Candidate Handbook for information about international examinations.

TOTAL: __________

☐ CHECK or MONEY ORDER enclosed

☐ CREDIT CARD:
☐ MasterCard  ☐ VISA  ☐ American Express  ☐ Discover
I agree to pay above amount according to card issuer agreement.

Card Number
Expiration Date

Name as it appears on card

Signature

Do you have a disability that requires special accommodations during testing?  ☐ Yes  ☐ No
If yes, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form in the NBRC Candidate Handbook and enclose it with your application.

2. PERSONAL INFORMATION

Social Security Number  Gender (Male/Female)

Name (Last, First, Middle Initial, Former Name)

Mailing Address (Street Address)

Mailing Address (City, State, Zip/Postal Code, Country)

Home Telephone Number  Work Telephone Number

Date of Birth (MM/DD/YYYY)

Email Address

3. ELIGIBILITY STATUS (CHECK ONLY ONE BOX)

☐ I am applying as a new applicant (provide your eligibility status information in the respective examination box(es) that follow).

☐ I am applying as a repeat applicant. Repeat applicants are not required to provide any further eligibility status information.

☐ I am applying to retake an examination to comply with CCP requirements:

☐ My credential has not yet expired.
☐ My credential has already expired. A one-time compliance fee of $150 and new applicant fee applies.

☐ I am applying for the TMC Examination to regain eligibility for the CSE Examination. New applicant fee applies.

☐ I am applying for voluntary recredentialing. See Candidate Handbook for details.

A. TMC Examination Eligibility – New Applicant Only (check only one box)

☐ I have a minimum of an associate degree from an accredited respiratory therapy education program.

☐ I hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

B. RRT Credential Eligibility – New Applicant Only (check only one box)

☐ I am a CRT and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the higher cut score.

☐ I am a CRT and hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential and have successfully completed the Therapist Written Examination (WRRT) on or before December 31, 2014 OR the TMC Examination by achieving the higher cut score.

C. CRT-to-Registry Provision:

☐ I have held a valid CRT credential for at least four years prior to applying for the examinations associated with the RRT and have at least 62 hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, physics, and mathematics.

☐ I have held a valid CRT credential for at least two years prior to applying for the examinations associated with the RRT and have earned a baccalaureate degree in an area other than respiratory care that included at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, mathematics, microbiology, and physics.

☐ I have held a valid CRT credential for at least two years prior to applying for the examinations associated with the RRT and have earned a baccalaureate degree in an area other than respiratory care that included at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, mathematics, microbiology, and physics.
4. A. EDUCATION INFORMATION (New Applicant Only)
Provide the information requested about the accredited respiratory therapy education program from which you received an associate degree enabling you to qualify for this examination.

- Program Name and Location (city, state)
- Program CoARC Number
- Date of Entrance to the Program
- Date of Graduation

B. RRT “CRT-to-Registry” (New Applicant Only)
Other Education – where you obtained at least 62 semester hours of college credit.

☐ I have enclosed my transcripts.
☐ My transcripts will be forwarded by my college or university.

<table>
<thead>
<tr>
<th>University or College</th>
<th>Attendance Dates (MM/YYYY – MM/YYYY)</th>
<th>Graduation Date (MM/YYYY)</th>
<th>Degree</th>
</tr>
</thead>
</table>

Please list the courses shown on your transcripts that reflect completion of the basic science and mathematics courses required under the applicable RRT “CRT-to-Registry” admission route.

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy/Physiology</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td></td>
</tr>
</tbody>
</table>

5. SIGNATURE
I certify that I have read the NBRC Candidate Handbook, including the Judicial & Ethics policies, and believe that I comply with all of the admission policies for the examination for which I am applying. I certify that the information I have submitted in this application and the enclosed documents are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the NBRC. I acknowledge and agree that the NBRC may release information about my examination scores and credential status to state agencies in those states which regulate the practice of respiratory care, accredited respiratory care education programs and the Commission on Accreditation for Respiratory Care (CoARC).

I certify that I have read the policy on inactivation of eligibility records in the NBRC Candidate Handbook and acknowledge that allowing my file for a respective examination to become inactivated will result in my having to submit a new application, document my eligibility in compliance with the then current admissions requirements and pay the new applicant fee. I also understand that allowing my file for the RRT credential to become inactivated will result in any previous passing performance on a portion of the TMC or CSE Examinations being nullified and that I will have to repeat and successfully complete said examination(s) to earn the RRT credential. Further, I understand I am responsible for notifying the NBRC of any change in my mailing address to receive official notices regarding my credentials issued by the NBRC. The NBRC shall not be responsible for non-receipt of notices due to my failure to provide a current mailing address.

Name (please print)

Signature

Date
### 1. EXAMINATION INFORMATION
Check the examination for which you are applying:
- ☐ Neonatal/Pediatric Specialty
- ☐ Sleep Disorders Specialty
- ☐ Adult Critical Care Specialty
- ☒ Pulmonary Function Technologist (PFT)

**Examination Fees and Payment Information**
Enclose applicable examination fee or completed credit card information. Make check or money order payable to the NBRC and enclose with this application. (Do not send cash. A $25 non-refundable processing fee will be charged for any declined credit card or returned check.)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>New Applicant Fee</th>
<th>Repeat Applicant Fee</th>
<th>Voluntary Recredentialing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal/Pediatric</td>
<td>$250</td>
<td>$220</td>
<td>$75</td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td>$300</td>
<td>$250</td>
<td>$75</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>$300</td>
<td>$250</td>
<td>$75</td>
</tr>
<tr>
<td>PFT</td>
<td>$200</td>
<td>$170</td>
<td>$75</td>
</tr>
</tbody>
</table>

- ☐ Expired Certification Application Fee – (check if applicable)
  A one-time compliance fee of $150 is required when testing to reinstate a previously held credential that has since expired.
- ☐ International Assessment Center Fee – $150 (check if applicable)
  Refer to the NBRC Candidate Handbook for information about international examinations.

**TOTAL:**

☐ CHECK or MONEY ORDER enclosed
☐ CREDIT CARD:
  - ☐ MasterCard
  - ☐ VISA
  - ☐ American Express
  - ☐ Discover
I agree to pay above amount according to card issuer agreement.

Card Number
Expiration Date
Name as it appears on card
Signature

Do you have a disability that requires special accommodations during testing? ☐ Yes ☐ No
If yes, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form in the NBRC Candidate Handbook and enclose it with your application.

### 3. ELIGIBILITY STATUS (CHECK ONLY ONE BOX)
- ☐ I am applying as a new applicant (provide your eligibility status information in the respective examination box(es) that follow).
- ☐ I am applying as a repeat applicant. Repeat applicants are not required to provide any further eligibility status information.
- ☐ I am applying to retake an examination to comply with CCP requirements:
  - ☐ My credential has not yet expired.
  - ☐ My credential has already expired. A one-time compliance fee of $150 and new applicant fee applies.
  - ☐ I am applying for voluntary recredentialing. (See Candidate Handbook for details.)

#### A. Neonatal/Pediatric Specialty Examination Eligibility – New Applicant Only (check only one box)
- ☐ I am an RRT.
- ☐ I have been a CRT for at least one year.

#### B. Sleep Disorders Specialty Examination Eligibility – New Applicant Only (check only one box)
- ☐ I am a CRT or RRT and completed a CoARC or CAAHEP accredited respiratory therapy education program including a sleep add-on track.
- ☐ I have been an RRT for at least three months.
- ☐ I have been a CRT for at least six months.

#### C. Adult Critical Care Specialty Examination Eligibility – New Applicant Only
- ☐ I have been an RRT for at least one year.

#### D. PFT Examination Eligibility – New Applicant Only (check only one box)
- ☐ I have a minimum of an associate degree from an accredited respiratory therapy education program.
- ☐ I am an RRT.
- ☐ I am an CRT.
- ☐ I have completed 62 semester hours of college credit from a college or university accredited by its regional association or its equivalent, including college credit level courses in biology, chemistry, and mathematics. A minimum of six months of clinical experience in the field of pulmonary function technology under the direction of a Medical Director of a pulmonary function laboratory or a special care area is also required prior to applying for the examination.
- ☐ I am a CPFT.

### 4. A. EDUCATION INFORMATION
(PFT and Sleep Disorders Specialty New Applicant Only)
Provide the information requested about the accredited sleep add-on track or pulmonary function technology program from which you received an associate degree enabling you to qualify for this examination.

<table>
<thead>
<tr>
<th>Program Name and Location (city, state)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program CoARC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Entrance to the Program</th>
<th>Date of Graduation</th>
</tr>
</thead>
</table>
7. SIGNATURE

I certify that I have read the NBRC Candidate Handbook, including the Judicial & Ethics policies, and believe that I comply with all of the admission policies for the examination for which I am applying. I certify that the information I have submitted in this application and the enclosed documents are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the NBRC. I acknowledge and agree that the NBRC may release information about my examination scores and credentialed status to state agencies in those states which regulate the practice of respiratory care, accredited respiratory care education programs and the Commission on Accreditation for Respiratory Care (CoARC).

I certify that I have read the policy on inactivation of eligibility records in the NBRC Candidate Handbook and acknowledge that allowing my file for a respective examination to become inactivated will result in my having to submit a new application, document my eligibility in compliance with the then current admissions requirements and pay the new applicant fee. Further, I understand I am responsible for notifying the NBRC of any change in my mailing address to receive official notices regarding my credentials issued by the NBRC. The NBRC shall not be responsible for non-receipt of notices due to my failure to provide a current mailing address.

Name (please print)                      Signature                          Date

Medical Director’s Name (PLEASE PRINT)         Medical Director’s Signature

Specialty Area (if applicable)          State License Number/State in which license is held

5. VERIFICATION OF CLINICAL EXPERIENCE
(PFT New Applicant only)

Complete this section ONLY if you are applying as an individual with 62 semester hours of college credit and a minimum of six months of pulmonary function technology experience. Your Medical Director must verify your clinical experience by signing below.

MEDICAL DIRECTORS PLEASE NOTE: Do not sign this statement unless all sections of this application have been fully completed.

I am the Medical Director of a respiratory care or special care area as defined in the NBRC Candidate Handbook.

I hereby certify that I have personal knowledge that this candidate has completed the clinical experience indicated on this application. It is my belief that this candidate meets all clinical experience requirements for eligibility to take the examination for which he or she is applying.

Medical Director’s Name (PLEASE PRINT)         Medical Director’s Signature

Specialty Area (if applicable)          State License Number/State in which license is held

6. EMPLOYMENT INFORMATION
(PFT New Applicant only)

Complete this section ONLY if you are applying as an individual with 62 semester hours of college credit and a minimum of six months of pulmonary function technology experience.

Present Employment

Employment Date:  ____ / ____ / ______

Your Title or Position

Name of Hospital or Organization

Street Address

City                                          State             Zip

Supervisor                           Medical Director

Previous Employment (DO NOT LIST PRESENT EMPLOYER)

List previous employer below. If you need additional space to verify other employment pertinent to your eligibility, please include an additional page.

Employment Date:  From: ____ / ____ / ______ To: ____ / ____ / ______

Your Title or Position

Name of Hospital or Organization

Street Address

City                                          State             Zip

Supervisor                           Medical Director

4. EDUCATION INFORMATION, continued

B. PFT New Applicant Only:

Other Education – where you obtained at least 62 semester hours of college credit.

☐ I have enclosed my transcripts.
☐ My transcripts will be forwarded by my college or university.

University or College Attendance Dates Graduation Date Type of Degree
(MM/YYYY – MM/YYYY) (MM/YYYY)  (MM/YYYY)

Please list the courses shown on your transcripts that reflect completion of the basic science and mathematics courses required under the applicable PFT admission route.

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology</td>
<td>___________________</td>
</tr>
<tr>
<td>Chemistry</td>
<td>___________________</td>
</tr>
<tr>
<td>Mathematics</td>
<td>___________________</td>
</tr>
</tbody>
</table>

3. RESUMEN DE EXPERIENCIA CLINICA

(Únicamente para candidatos PFT)

Complete esta sección ÚNICO si estás aplicando como individuo con 62 horas semestrales de crédito universitario y un mínimo de seis meses de experiencia en tecnología del funcionamiento pulmonar. Tu Director Médico debe certificar tu experiencia clínica firmando debajo.

DIRECTORES MÉDICOS POR FAVOR NOTAR: No firmes esta declaración a menos que todas las secciones de esta aplicación hayan sido completadas.

Soy el Director Médico de una área de cuidado respiratorio o especializada como definido en el Manual del Candidato NBRC.

Certifico que tengo conocimiento personal de que este candidato ha completado la experiencia clínica indicada en esta aplicación. Creo que este candidato cumple con todos los requisitos de experiencia clínica para elegibilidad para tomar el examen por el que se postula.

Nombre del Director Médico (POR FAVOR IMPRIMIR)         Firmas de Director Médico

Área de Especialidad (si aplicable)          N° de Licencia/Estado en el que se emite la licencia

5. VERIFICACIÓN DE EXPERIENCIA CLÍNICA

(PFT Candidato Nuevo sólo)

Complete esta sección ÚNICO si estás aplicando como individuo con 62 horas semestrales de crédito universitario y un mínimo de seis meses de experiencia en tecnología del funcionamiento pulmonar. Tu Director Médico debe certificar tu experiencia clínica firmando debajo.

DIRECTORES MÉDICOS POR FAVOR NOTAR: No firmes esta declaración a menos que todas las secciones de esta aplicación hayan sido completadas.

Soy el Director Médico de una área de cuidado respiratorio o especializada como definido en el Manual del Candidato NBRC.

Certifico que tengo conocimiento personal de que este candidato ha completado la experiencia clínica indicada en esta aplicación. Creo que este candidato cumple con todos los requisitos de experiencia clínica para elegibilidad para tomar el examen por el que se postula.

Nombre del Director Médico (POR FAVOR IMPRIMIR)      Firmas de Director Médico

Área de Especialidad (si aplicable)          N° de Licencia/Estado en el que se emite la licencia

6. EMPLEO

(PFT Candidato Nuevo sólo)

Complete esta sección ÚNICO si estás aplicando como individuo con 62 horas semestrales de crédito universitario y un mínimo de seis meses de experiencia en tecnología del funcionamiento pulmonar.

Actual Empleo

Fecha de Empleo:  ____ / ____ / ______

Su título o posición

Nombre del Hospital o Organización

Dirección

Ciudad                                          Estado             Código Postal

Supervisor                           Director Médico

Previo Empleo (NO LISTE EL EMPLEO ACTUAL) Si necesita espacio adicional para verificar cualquier empleo pertinente a su elegibilidad, incluya una página adicional.

Fecha de Empleo:  Desde: ____ / ____ / ______ Hasta: ____ / ____ / ______

Su título o posición

Nombre del Hospital o Organización

Dirección

Ciudad                                          Estado             Código Postal

Supervisor                           Director Médico

7. FIRMAS

Certifico que he leído el Manual del Candidato NBRC, incluyendo las políticas de Justicia y Ética, y creo que cumpliendo con todas las políticas de admisión para el examen por el que me estoy aplicando. Certifico que la información que he presentado en esta aplicación y los documentos adjuntos son completos y correctos hasta el mejor de mi conocimiento y creencia. Entiendo que, si la información que he presentado se ha comprobado como incompleta o incorrecta, mi aplicación puede ser rechazada o mis resultados de examen pueden ser retrasados, no liberados o invalidados por la NBRC. Conozco y acepto que la NBRC puede compartir información sobre mis puntuaciones de examen y mi estado credencial con las agencias estatales que regulan la práctica de la atención respiratoria, los programas de educación en asesoría respiratoria acreditados y la Comisión de Acreditación para la Asesoría Respiratoria (CoARC).

Certifico que he leído y entendido la política de inactividad de registros de elegibilidad en el Manual del Candidato NBRC y reconozco que al permitir que mi expediente se vuelva inactivo resultará en mi tener que presentar una nueva aplicación, documentar mi elegibilidad en cumplimiento de las nuevas políticas de admisión y pagar el nuevo cargo de presentación. Además, entiendo que soy responsable de notificar la NBRC de cualquier cambio en mi dirección de correo electrónico para recibir notificaciones oficiales sobre mis credenciales emitidas por la NBRC. La NBRC no será responsable de la falta de intercambio de mensajes debido a mi incapacidad para proporcionar una dirección de correo electrónico actualizada.

Nombre (POR FAVOR IMPRIMIR)                      Firma                          Fecha
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Applicant Information

Requested Location: ______________________________

Social Security # ________ – ______ – ____________  Requested Examination Date:  ______________________

Last Name First Name Middle Name

Address

City State Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the examination below.

☐ Therapist Multiple-Choice (TMC)
☐ Clinical Simulation (CSE)
☐ Pulmonary Function Technologist (PFT)
☐ Neonatal/Pediatric Specialty (NPS)
☐ Sleep Disorders Specialty (SDS)
☐ Adult Critical Care Specialty (ACCS)

Please provide (check all that apply):

____ Reader
____ Extended testing time (time and a half)
____ Reduced distraction environment
____ Other special accommodations (please specify)

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Comments: ____________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Signed: ____________________________________________  Date: ______________________________

Return this form with your examination application to: NBRC, 18000 W. 105th St.,
Olathe, KS 66061-7543. If you have questions, call the NBRC at 913-895-4900 or 888-341-4811.
If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested examination accommodation. **If you have existing documentation of the same or similar accommodation provided for you in another examination situation, you may submit such documentation instead of completing the “Professional Documentation” portion of this form.**

---

**Professional Documentation**

I have known __________________________________________ since _____ / _____ / _____ in my capacity as a

Candidate Name

Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signed: __________________________________________ Title: ________________________________

Printed Name: __________________________________________

Address: __________________________________________

____________________________________________________________________________________

Telephone Number: __________________________ Email Address: __________________________

Date: __________________________ License # (if applicable): __________________________

Return this form with your examination application to: NBRC, 18000 W. 105th St.,
Olathe, KS 66061-7543. If you have questions, call the NBRC at 913-895-4900 or 888-341-4811.
The NBRC is interested in your view of the services provided to examination candidates. This questionnaire gives you an opportunity to make suggestions for improving the services and communication with the NBRC.

Please take a few minutes to fill out this questionnaire. Your comments will be reviewed by the NBRC. Through your comments, we can evaluate the effectiveness of our communication and improve our services to you.

Name (optional):_______________________________________________________ Date: __________________________________

I. Telephone and Written Communication

A. Telephone Communication
   1. Have you called the NBRC in the past:   □ year?   □ Yes   □ No (go to Item B) 
      □ 6 months? □ Yes □ No (go to Item B) 
      □ 2 weeks? □ Yes □ No (go to Item B) 
   a. What was the purpose of your call? (check as many as apply)
      □ requested printed information or forms
      How soon after your request did you receive printed information or forms?
      □ less than 7 days □ 7-14 days □ 15-21 days □ More than 3 weeks
      □ asked routine question about examination policies, application procedures, etc.
      □ needed help in resolving a specific problem (please indicate the nature of the problem):
          __________________________________________________________
          __________________________________________________________
          __________________________________________________________
          __________________________________________________________
   b. Was your call referred to a person who could help you? __________________________ □ Yes □ No
   c. Was the person you talked to courteous? □ Yes □ No
   2. Were you satisfied with the way your call was handled? □ Yes □ No
      If no, why: __________________________________________________________
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

B. Written Communication
   1. Have you written a letter to the NBRC in the past: □ year? □ Yes □ No (go to Section II) 
      □ 6 months? □ Yes □ No (go to Section II) 
      □ 2 weeks? □ Yes □ No (go to Section II)
   If yes, what was the purpose of your letter? (check as many as apply)
      □ requested printed information or forms
      How soon after your request did you receive printed information or forms?
      □ less than 7 days □ 7-14 days □ 15-21 days □ More than 3 weeks
      □ asked a routine question about examination policies, application procedures, etc.
      □ needed help in resolving a specific problem (please indicate nature of problem):
          __________________________________________________________
          __________________________________________________________
          __________________________________________________________
          __________________________________________________________
☐ had a complaint (please indicate nature of complaint):

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

☐ other (please specify):

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

2. Were you satisfied with the way your letter was handled? ☐ Yes ☐ No
   If no, why:

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

II. NBRC Web Site (www.nbrc.org)

1. Have you accessed the NBRC’s Home Page on the Web in the past year? ☐ Yes ☐ No
   a. What was the purpose of your inquiry? (check as many as apply)
      ☐ general information about examination programs
      ☐ attempt a computerized practice examination
      ☐ request publications or information using the online order form
      ☐ other: ______________________________________________________________________________________

2. Have you sent a message to the NBRC by email in the past:
   ☐ year? ☐ Yes ☐ No
   ☐ 6 months? ☐ Yes ☐ No
   ☐ 2 weeks? ☐ Yes ☐ No
   If yes, did you receive a timely response? ☐ Yes ☐ No Comments: ______________________________________

3. Please provide any suggestions or comments about the NBRC’s website:

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

III. Summary Comments
    A. Overall, how would you rate the NBRC’s communications?
       ☐ excellent ☐ good ☐ fair ☐ poor

    B. Any additional comments or suggestions:

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

Thank you for completing this questionnaire. We appreciate your comments and suggestions. Please return the questionnaire to NBRC, 18000 W. 105th St., Olathe, KS 66061-7543.