

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

MEDICAL EXAMINING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

RESPIRATORY CARE PRACTITIONER

NBRC FEES:

Current NBRC members Fee: \$ 5.00

Non-current NBRC members Fee: \$ 20.00

Make check payable to "The National Board for Respiratory Care"

APPLICANT: PLEASE COMPLETE THIS FORM AND ATTACH APPROPRIATE FEE. FORWARD TO THE NATIONAL BOARD FOR RESPIRATORY CARE INC AT THIS ADDRESS:

The National Board for Respiratory Care, Inc.
18000 W. 105th Street
Olathe, Kansas 66061
(913) 895-4900

The **State of Wisconsin** requests a verification of certification of examination concerning the following individual:

NAME

SOCIAL SECURITY NUMBER
(for use by NBRC in locating your records)

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION EXAMINATION
RECORDS IF DIFFERENT FROM ABOVE

MONTH/YEAR OF EXAMINATION

APPLICANT'S SIGNATURE

(DATE)

ATTENTION: NATIONAL BOARD FOR RESPIRATORY CARE, INC.

Please mail verification of certification to the Wisconsin Medical Examining Board at the following address:

Department of Safety and Professional Services
Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935