



Alabama State Board of Respiratory Therapy

P. O. Box 241386, Montgomery, AL 36124-1386

Phone: 334-396-2332 Fax: 334-396-2384

Web Site: www.asbrt.alabama.gov

CONTINUING EDUCATION

PROVIDER APPLICATION

- New**
- Renewal – Provider # _____**
- Change of Information – Provider # _____**

Organization Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

Education Coordinator: _____ Title: _____

License Number if applicable _____

I am requesting a provider number for _____
(organization) to provide continuing education programs for Alabama respiratory
therapists. I reviewed the guidelines for continuing education providers and acknowledge
compliance with the standards set forth in these guidelines.

Education Coordinator signature: _____

Official ASBRT use only:

Date application received: _____

Date application approved: _____

Provider number issued: _____

Comments: _____