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

Photo

(Attach approx. 2 x 2 Photo of head and shoulders only)

Application for
ALABAMA RESPIRATORY THERAPIST LICENSE

☐ **New** ☐ **Reinstatement:** License #_____

Last Name:_____ First Name: _____ Middle Name:_____
(Legal Name. If name on documentation is not the same as above, submit a copy of legal name change)

List all names by which you are currently known or have used in the past: _____

Mailing Address: _____ City/State _____ County _____ Zip_____

Physical Address: _____ City/State _____ County _____Zip_____
(If a P.O. Box is listed as your mailing address)

Prior Address: _____ City _____ State _____ Zip _____
(If at current address less than 3 years, list prior address)

Home Phone: (___) ____-_____ Work Phone: (___) ____-_____ Other Phone: (___) ____-_____
E-mail: _____ (optional) (optional)

Social Security Number: _____-_____-_____ D.O.B. ___/___/_____(mm/dd/yyyy) ( ) Male ( ) Female

City and State (or country if not U.S.) of birth: _____/_____
Are you a United States citizen? Yes or No

SECTION 2 – Employment/Education History

Employment: List in chronological order all employment for the previous three (3) years, beginning with current employment.

Name of Employer: Include Address and Phone Number	Beginning/Ending dates of Employment (month/year)	Reason for Leaving (if applicable)	Position Title

If additional space is needed, record on a separate sheet of paper and attached to this application.

Education:

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

If additional space is needed, record on a separate sheet of paper and attached to this application.

List all Respiratory Therapy and any other health-related license you hold or have held (NBRC credentials are not licenses)

State	Type License	Date License was Issued	License Status
			Active Inactive
			Active Inactive
			Active Inactive
			Active Inactive

If additional space is needed, record on a separate sheet of paper and attached to this application.

SECTION 3 – Classification

I meet one of the following criteria for licensing in the State of Alabama:

_____ I currently hold a valid Registered Respiratory Therapist (RRT) or Certified Respiratory Therapist (CRT) credential from the National Board for Respiratory Care. (The applicant may be required to provide verification of the credential from the NBRC. The applicant will be notified if this is necessary)
Highest NBRC credential achieved: (circle one) RRT CRT

_____ I currently hold a valid Respiratory Therapy License from another state/jurisdiction : _____

_____ I am applying under the provision of "Special Training" or "Graduate from a Foreign School"

Section 4 – Disclosure

If you answer, "YES" to any of the following questions you are required to furnish explanation, date, place, reason, and disposition of the matter on a separate sheet of paper attached to this application. A "yes" answer does not necessarily mean the applicant will not be granted a license. Failure to furnish complete documentation may result in denial or delay in the processing of your application.

	YES	NO
1. Are you currently charged with, or ever been convicted of a felony or misdemeanor?	_____	_____
2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession of Respiratory Therapy?	_____	_____
3. Are you or have you ever been addicted to alcohol or drugs?	_____	_____
4. Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting? If yes, give name of institution, date and length of treatment.	_____	_____
5. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action?	_____	_____
6. Have you ever voluntarily or otherwise surrendered your Healthcare or Respiratory license or certification/ registry in any jurisdiction, state or territory?	_____	_____
7. Are you currently under investigation by any healthcare licensing board or agency?	_____	_____
8. Have you had any malpractice suits filed against you or your employer on your behalf?	_____	_____

Section 5 – Affidavit of Applicant

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, Federal, or foreign), court, association, institution, or any other organization having control of any documents, records or other such information pertaining to me, to furnish to the Alabama State Board of Respiratory Therapy any such documents and records, regarding charges or complaints filed against me formal or informal, pending or closed, or any other pertinent data and permit the Alabama State Board of Respiratory Therapy or any of its agents or representatives to inspect and make copies of such documents, records and other information , in connection with this application, subsequent to practice thereunder.

I authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a Respiratory Therapist. I agree to give any further information that may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or a Court Order.

I authorize and request the Alabama State Board of Respiratory Therapy to obtain any criminal history information concerning me from any authorized law enforcement agency including but not limited to the Alabama Criminal Justice Information Center, Bureau of Investigation, and the National Crime Information Center (NCIC).

I hereby release, discharge, exonerate, and hold harmless the Alabama State Board of Respiratory Therapy or it's employees, agents, or designees for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Alabama State Board of Respiratory Therapy as it relates to me or to this application.

I, _____ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself, and that I have read and am familiar with the Rules and Regulations pertaining to the licensure of Respiratory Therapists in the State of Alabama. I acknowledge that any false or untrue statements or representation made in this application may result in the denial or revocation of any license to practice respiratory therapy granted to me and criminal prosecution to the fullest extent of the law.

_____ _____
Applicant's Signature Date

SECTION 6 – Notary

Being duly sworn, says that he/she is the person who executed the above application before me and that the attached photo is a true photo of the applicant.

County of _____State of _____

SWORN to and subscribed before me this _____ day of _____, 20_____

_____(Notary Public) Affix SEAL here :

My Commission Expires: _____