



Alabama State Board of Respiratory Therapy

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Web Site: www.asbrt.alabama.gov

**REQUEST FOR
APPLICATION PACKAGE FOR
ALABAMA RESPIRATORY THERAPIST LICENSE**

Please send me a complete License Application package which will include forms, instructions, a copy of the Alabama Respiratory Therapy Licensure Rules and Regulations, and enabling statute. I have enclosed the nonrefundable fee of \$10.00 (payable in check or money order) and understand that these materials are available free of charge on the Board website at: www.asbrt.alabama.gov

Please mail my package to:

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Contact Phone: (____) _____ - _____