



ALABAMA STATE BOARD OF RESPIRATORY THERAPY

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

Phone: 334-215-7233 Fax: 334-396-2384

Web Site: www.asbrt.alabama.gov

**VERIFICATION OF ENROLLMENT
IN
RESPIRATORY THERAPY EDUCATION PROGRAM**

Name of Educational Institution

Street

City State Zip Code

I, _____ am applying for a student exemption to the respiratory therapy license in the state of Alabama.
(Print Full Name)

As part of the application process, the Alabama State Board of Respiratory Therapy requires verification of my active enrollment in a **Respiratory Therapy Education Program**. I hereby authorize _____ (name of educational institution), its staff, or representative to provide the Alabama State Board of Respiratory Therapy any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person from any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the **Alabama State Board of Respiratory Therapy, PO Box 241386, Montgomery, AL 36124-1386**. I understand completed forms returned to me will not be accepted for verification purposes.

PRINT NAME UNDER WHICH YOU ENROLLED:

Last: _____ First: _____ Middle: _____ Date of Birth ____/____/____

Social Security Number: _____ - _____ - _____ Expected Date of Graduation ____/____/____

(Signature of Applicant)

The following section must be completed by the dean or Program Director of the Respiratory Therapy school and returned directly to the Alabama State Board of Respiratory Therapy. **Verifications returned to the applicant will not be accepted.** Any substitutions must contain all required information or it will not be accepted for verification purposes.

This certifies _____
(Full name of applicant)

Is currently enrolled in _____
(Name if respiratory therapy college, university, or technical school)

on ____/____/____ with expected graduation ____/____/____

I will immediately notify the Alabama State Board of Respiratory Therapy and the student's employer should there be a change in enrollment status of this student.

By: _____
Signature of the Dean or Program Director