



Verification of Enrollment
In
Respiratory Therapy Education Program



Section 1 - Student - *This section must be completed by the student enrolled in a Respiratory Therapy Education Program.*

Name of Educational Institution: _____

Street: _____

City: _____ **ST:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

I, _____ (printed full name) am applying for a student exemption to the respiratory therapy license in the state of Alabama. As part of the application process, the Alabama State Board of Respiratory Therapy (ASBRT) 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 ASBRT 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 ASBRT, P.O. 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: ____/____/____ E-mail: _____

Signature: _____ Date: _____

Section 2 - Program Director - *This section must be completed by the Dean or Program Director of the Respiratory Therapy School and returned directly to the ASBRT. Verifications returned by the applicant will not be accepted. Any substitutions must contain all required information or it will not be accepted for verification of enrollment purposes.*

This certifies _____ (full name of student) is currently enrolled in
 _____ (Respiratory Therapy Program/School).

This student enrolled on ____/____/____ and the date the degree will be conferred on is
 ____/____/____. I will immediately notify the ASBRT and the student's employer should there be a change in enrollment status of this student.

Printed Name of Dean or Program Director: _____

LRT #: _____ E-mail: _____

Signature: _____ Date: _____

Please Mail Original Form to: ASBRT; P.O. Box 241386; Montgomery, AL 36124-1386

Make sure to keep a copy for your records. Please e-mail any questions regarding this form or process to asbirt@leadership-alliance.org.