

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
**Website:** <http://dspd.wi.gov>

## MEDICAL EXAMINING BOARD

### REQUEST FOR VERIFICATION OF CERTIFICATION RESPIRATORY CARE PRACTITIONER

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**APPLICANT:** Please complete this form, attach appropriate fee, and forward to the National Board for Respiratory Care Inc (NBRC), 10801 Mastin Street, Suite 300, Overland Park KS 66210.

**NBRC FEES:**

Current NBRC Members Fee: \$5.00  
Non-current NBRC Members Fee: \$20.00  
Make check payable to: "The National Board for Respiratory Care".

The State of Wisconsin requests a verification of certification of the examination concerning the following individual:

**Name**

 -  - 

**Social Security Number** (for use by NBRC in locating your records)

**Address** (street, city, state, zip)

 -  - 

**Daytime Phone Number**

**Name on Certification** (records if different from above)

 /  / 

**Date of Birth**

 / 

**Examination** (month/year of examination)

**Signature**

 /  / 

**Date**

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**ATTENTION NATIONAL BOARD FOR RESPIRATORY CARE, INC. (NBRC):** Please mail verification of Certification to the Wisconsin Medical Examining Board at the following address:

Department of Safety and Professional Services  
Medical Examining Board  
P.O. Box 8935  
Madison, WI 53708-8935