

NDSRC Professional Enhancement Reimbursement Application

Complete all pages of the application. Submit by mail to NDSRC president:

Chris Kelly

Trinity Hospital

PO Box 5020

Minot, ND 58702

The North Dakota Society for Respiratory Care is sponsoring up to **\$250** reimbursement for approved professional examinations for those NDSRC members (current AARC membership) interested in personal professional enhancement, keeping in line with the mission statement of the NDSRC- *to promote the advancement and continued development of the profession.*

Interested applicants will have a current license to practice respiratory care in the state of North Dakota and be a current AARC member. Individuals who qualify for the reimbursement will be chosen at random by board members of the NDSRC. A minimum of one recipient will be chosen each calendar year by the NDSRC. The following are the requirements for the NDSRC Professional Enhancement Reimbursement.

1. Be an NDSRC member in good standing.
2. Have met the requirements of eligibility for selected examination.
3. Have completed and passed the selected examination within the calendar year. (January 1st-December 1st).
4. Have completed and postmarked the application for reimbursement by December 1st.
5. Have not previously received an NDSRC Professional Enhancement Reimbursement.
6. Have not received any prior funding for selected examination.

This reimbursement is a one-time award to be used to retroactively cover any examination fees that have already been paid by the recipient.

Examinations eligible for up to \$250 reimbursement include:

CPFT examination	\$200	See www.nbrc.org for eligibility requirements.
RPFT examination	\$250	See www.nbrc.org for eligibility requirements.
NPS examination	\$250	See www.nbrc.org for eligibility requirements.
AE-C examination	\$295	See www.naecb.org for eligibility requirements.
RPSGT examination	\$350	See www.brpt.org for eligibility requirements.

(Prices following listed examinations indicate current cost of taking selected exam.)

A minimum of 1 recipient will be chosen at random from those applications postmarked by December 1st. Notification of payment will occur by December 31st each calendar year. Additional applications may be considered at the discretion of the board if funding is available.



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Please use the fields to type or print your responses. Please send by mail to NDSRC president:

Chris Kelly

Trinity Hospital

PO Box 5020

Minot, ND 58702

Name: (Last, First, Middle Initial)

Address:

City:

State:

Zip:

Phone:

E-Mail Address:

NDSBRC License # and Expiration Date:

AARC # and Expiration Date:

Place of Employment:

Manager Name and Phone Number:

Please Enclose the following and return by December 1st.

- ✓ **Proof of Payment**
- ✓ **Certification of Credential**

I verify that all information provided in this application is accurate.

Name: _____ Date: _____