



CBRC Data Retrieval Request

Data retrieval requests for examination results after delivery of initial examination results will be subject to an administrative fee.

Please complete the following:

First Name: _____

Last Name on date of examination: _____

Year and month of exam administration: _____

Respiratory Therapy Program: _____

Exam administration site (city): _____

How would you like the information delivered?

- Electronically **\$30 + HST = \$34.50**
- Copy to third party inclusive of official seal of the CBRC and verified copy of results **\$50 + HST = \$57.50**

Name of Third Party: _____

Address: _____

Contact: _____

Phone Number: _____

This form may be submitted:

- **Electronically** to cbrc@cbrc.ca with associated e-transfer of funds.
- **Mailed with certified cheque or bank draft payable to:**

Canadian Board for Respiratory Care
7 Worden Road
Cambridge Narrows, NB
E4C 4G5