



BRPT-Only

Initial Receipt _____

Subsequent Receipt _____

ID# _____

Name and Eligibility

Salutation: Mr. Ms. Mrs.

First Name _____ M.I. _____

Last Name _____ Suffix _____

Home Address

Street 1 _____

Street 2 _____

City _____ State/CAN Province _____

Zip/Postal _____ Email Address _____ Phone _____

Credential (please select all that apply)

RPSGT

CCSH

Payment

The Pediatric Sleep Certificate Exam is \$150 USD.

Payment Method

Cashier's Check/Money Order *Please make cashier's checks / money orders out to the BRPT.*

NO PERSONAL CHECKS!

Credit/Debit Card: Visa Amex Master Card

Card Number _____

Exp. _____ CWCode _____ Billing Address _____

Name on Card _____

Card Holder's Signature _____

The Examination Fee for the Pediatric Sleep Certificate exam will be collected by The BRPT. By applying, the candidate authorizes The BRPT to charge their credit/debit card and receive any applicable fee(s).