



College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
www.crto.on.ca

Fact Sheet: Returning to Active Status

For Inactive Members of the College of Respiratory Therapists of Ontario

Inactive Status

According to the Registration Regulation a member who holds a general or limited certificate of registration may request inactive (i.e. non-practising) status. An inactive member shall not:

- § provide direct patient care within the scope of practice of the profession;
- § act as an administrator, supervisor or educator in the field of health care;
- § sell products or services related to respiratory therapy;
- § provide consultations for respiratory and related care, equipment and services; or
- § conduct research related to respiratory therapy.

The above apply to practice in Ontario only.

Inactive members must meet all other registration requirements, including **participation in the CRTO Quality Assurance (QA) Program**.

Process for Returning to Active Status

Members may change back to active status by:

1. Submitting a written request (see back).
2. Paying the pro-rated registration fee for active status.
3. Providing the College with written verification that they have been participating in the Quality Assurance Program (see back).
4. Providing the College with written verification that they have not performed any of the activities (see above) as set out in the Registration Regulation.
5. Members **must** await confirmation from the College of their status change before resuming active practice.

If an inactive member resumes active practice without informing the Registrar, the member will be responsible for payment of a penalty fee. The penalty will be equivalent to the \$100.00 late penalty.

Contact

If you have any questions or concerns about the process, please contact:

Ania Walsh, Co-ordinator of Registration at 416.591.7800 extension 25 or walsh@crto.on.ca

Referrals to the QA Committee

In the public interest, and in order to help ensure that members uphold the minimum level of current practice required by the College, the College places specific requirements on those members returning to active from inactive status, where the member has not practiced for more than three (3) years. Following a change to active status, members who have held inactive status for more than three consecutive years, will be referred by the Registrar to a Panel of the QA Committee with a recommendation:

- for an assessment of members' knowledge, skills and judgement (utilizing the PSA) within 3 months of registration, and
- for members to submit records of continuous quality improvement activities (utilizing the Professional Portfolio) within 6 months of registration.

Please note that this does not apply to members who have been maintaining inactive status, but practising in another jurisdiction.

Fees

The fee for an inactive member resuming active membership is pro-rated as follows:

- March 1st to May 31st: \$500.00 minus the \$50.00 fee paid at renewal = **\$450.00**
- June 1st to August 31st: \$375.00 minus the \$50.00 fee paid at renewal = **\$325.00**
- September 1st to November 30th: \$250.00 minus the \$50.00 fee paid at renewal = **\$200.00**
- December 1st to the last day of February: \$125.00 minus the \$50.00 fee paid at renewal = **\$75.00**

Returning to Active Status

Please complete the following form and return it to the College **prior to** resuming active practice.

Personal Data			
CRTO Reg. No.		Date you would like to resume your active status (dd / mm / yy)	
Surname		Given Name (s)	
Address		City	Province Postal Code
Telephone No.	E-mail		
Employment Data (for additional RT related employment, please use a separate sheet of paper and attach to this form)			
Intended Start Date (dd / mm / yy)		Name of Institution, Facility, Agency	
Division/Site/Campus		Department/Service/Program	
Address		City	Province Postal Code
Business Telephone No.	Ext.	Fax No.	Name and Title of Manager/Supervisor
Employment Status <input type="radio"/> Full Time Permanent <input type="radio"/> Part Time <input type="radio"/> Full time Temporary <input type="radio"/> Casual			
Declaration			
1. Have you been "engaged in the practice" of respiratory therapy in any jurisdiction while inactive? (If YES please provide details i.e. employment history, duties performed, names and addresses of organizations)		<input type="radio"/> YES	<input type="radio"/> NO
2. Were you participating in the CRTO Quality Assurance Program while inactive?		<input type="radio"/> YES	<input type="radio"/> NO
3. Are you covered by professional liability insurance in the amounts and coverage set out in the CRTO Professional Liability Insurance Policy?		<input type="radio"/> YES	<input type="radio"/> NO

Member's Signature _____

Date _____

Method of Payment

Money Order Cheque Amount \$ _____

If you are paying by credit card please complete the following:

Visa MasterCard Name on Card _____

Card Number _____ Expiry Date _____

Total amount authorized: \$ _____ Signature _____

For office use only: Authorization No. _____ Date: _____ Staff Member: _____