College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

Application for Registration

CURRENCY Requirement

CRTO applicants must meet a number of registration requirements including **currency**. To meet the currency requirement applicants must:

- have completed their education program (or assessment) within the **three years** before the date of their application for registration, or
- have practiced Respiratory Therapy for at least 1,125 hours within the three years before the date of their application.

From time-to-time the CRTO receives applications for registration from applicants who have been away from practising Respiratory Therapy for an extended period of time.

From a public interest perspective, it is essential that applicants for registration have **current** knowledge and level of skill required to practise safely and competently. Absence from the profession for a prolonged period of time may not only result in loss of clinical skills but also reduces exposure to new developments and evolving best practices. Because of significant changes in the field of Respiratory Therapy in recent years, individuals lacking recent Respiratory Therapy experience may require supervision, additional training and education. This is to ensure that current respiratory care standards and practices are known, understood and can be demonstrated. In some cases, applicants may be required to enroll in a full time Respiratory Therapy program to regain the currency of their Respiratory Therapy knowledge and skills.

Review Process

Applicants who do not meet the currency requirement are referred to the Registration Committee for consideration. A Panel of the Registration Committee reviews these applications and looks for evidence that the applicants' knowledge and skills are current. The Panel then makes a decision on whether or not it's in the public interest to approve the application, or if the certificate of registration should be issued with terms, conditions or limitations.

When reviewing an application for registration, the Panel may take a number of factors into consideration, such as:

1. Time since last practice;
2. Nature and intensity of last practice;
3. Quality and quantity of efforts to maintain currency while not practicing;
4. The applicant's re-entry plan; and
5. Results of an entry-to-practice assessment.

The following guide was developed to help applicants prepare a submission in support of their application for registration.

GUIDE for preparing a submission to the Registration Committee

As a follow up to your application, please submit the following information in support of your application for registration.

1. EMPLOYMENT PROFILE

Provide a detailed description of your last practice, including:

EMPLOYER NAME

STATUS ☐ FULL TIME ☐ PART TIME ☐ CASUAL

START DATE (MM/DD/YYYY): **END DATE** (MM/DD/YYYY):

PRACTICE SETTING (e.g. hospital)

AREAS OF PRACTICE (choose all that apply)

☐ Acute Care	☐ Infection Control
☐ Administration / Management	☐ Palliative Care
☐ Anesthesia	☐ Patient Transport (i.e., Air/Land)
☐ Chronic Disease Prevention	☐ Polysomnography
☐ Chronic / Long Term Care	☐ Primary Care (e.g. FHT, Urgent Care Clinic)
☐ Continuing Care	☐ Public Health
☐ Critical Care	☐ Pulmonary Function Testing / Spirometry
☐ Diagnostics	☐ Quality Management
☐ Education (Clinical)	☐ Rehabilitation
☐ Education (Didactic, Post-Secondary Education)	☐ Research
☐ Education (Patient, Client Education)	☐ Simulation
☐ Emergency	☐ Sales
☐ Health Information	☐ Telemedicine
☐ Home Care / Community Care / CPAP Clinic	☐ Ventilator Equipment Pool
☐ Hyperbaric	☐ Other:

PATIENT POPULATION (choose all that apply):

☐ All Ages	☐ Neonatal	☐ Seniors
☐ Adult	☐ Paediatric	☐ N/A

Any other information relating to your last employment you would like the Registration Committee to consider?

2. **ABSENCE FROM RT PRACTICE** Provide a brief explanation/reason for your absence from RT practice (e.g. were you working in another field?).

From	To	Reason(s)
E.g. May 2021	May 2024	Worked as a sales representative for ABC Company

3. **REFRESHER / RE-TRAINING** Have you taken any steps toward refresher/re-training?
If so, list any activities you have undertaken in an effort to maintain currency while not practicing as an RT or to prepare for your return to practise.

Course / Certification Name	Details	Completion Date

4. **FUTURE (RT) EMPLOYMENT** Do you have an offer of employment? (If yes, provide details below)

EMPLOYER NAME	
POSITION TITLE	
STATUS ☐ FULL TIME ☐ PART TIME ☐ CASUAL	
TENTATIVE START DATE	
AREA OF PRACTICE (choose all that apply)	
☐ Acute Care	☐ Infection Control
☐ Administration / Management	☐ Palliative Care
☐ Anesthesia	☐ Patient Transport (i.e., Air/Land)
☐ Chronic Disease Prevention	☐ Polysomnography
☐ Chronic / Long Term Care	☐ Primary Care (e.g. FHT, Urgent Care Clinic)
☐ Continuing Care	☐ Public Health
☐ Critical Care	☐ Pulmonary Function Testing / Spirometry
☐ Diagnostics	☐ Quality Management
☐ Education (Clinical)	☐ Rehabilitation
☐ Education (Didactic, Post-Secondary Education)	☐ Research
☐ Education (Patient, Client Education)	☐ Simulation
☐ Emergency	☐ Sales
☐ Health Information	☐ Telemedicine
☐ Home Care / Community Care / CPAP Clinic	☐ Ventilator Equipment Pool
☐ Hyperbaric	☐ Other:

Any other information relating to your future employment you would like the Registration Committee to consider?

5. ADDITIONAL INFORMATION

Is there any additional information you would like the Registration Committee to consider when reviewing your application? If so, provide details below. *If there is not enough space, please use a separate sheet of paper.*

6. SUPPORTING DOCUMENTATION

Please attach any documents that you would like the Registration Committee to consider in support of your application. For example:

- Letters of Reference;
- Letters of support and commitment from your future employer confirming that a refresher/re-training plan has been established and includes the required re-training, supervision and evaluation;
- Copies of clinical competency checklist(s) and/or learning package(s) to be used during the refresher/re-training process;
- Certificates of Completion for refresher/continuing education courses you completed.

7. SUBMITTING INFORMATION IN SUPPORT OF YOUR APPLICATION FOR REGISTRATION

Applicants have 30 days to submit additional information to the Registration Committee. If you need more time, please contact the CRTO.

MAIL: CRTO, 90 Adelaide St. W. Ste. 300, Toronto, ON M5H 3V9

FAX: 416-591-7890 EMAIL: registrationservices@crto.on.ca

QUESTIONS: t: 416-591-7800 ext. 25 or toll free 1-800-261-0528 WEB: www.crto.on.ca