



EMPLOYMENT Verification Form

SECTION 1

This section must be completed by the applicant and forwarded to the place of employment in the jurisdiction(s) in which you have been practising as a Respiratory Therapist (or in a related field) over the **past five years**.

I, _____ hereby authorize _____
PRINT NAME EMPLOYER NAME

to provide the information requested below and any additional information requested by the College of Respiratory Therapists of Ontario in order to process my application for registration.

APPLICANT'S SIGNATURE

DATE

SECTION 2

This section must be completed by the employer (preferably by the applicant's immediate supervisor) and forwarded directly to the CRTO within 15 days of receipt.

This is to certify that _____
APPLICANT'S NAME

is / was employed by _____
NAME OF EMPLOYER

as _____
POSITION TITLE

DATE OF HIRE: _____ LAST DATE OF EMPLOYMENT: _____ (IF APPLICABLE)

1. Has the applicant been disciplined, suspended, required to resign, terminated or subjected to similar action in respect to employment or a contract of service? Yes* No
2. Are you aware of any other information (e.g., court or tribunal findings, complaints) about the applicant's competence, conduct, or physical/mental capacity that could reasonably affect the applicant's ability to function as a Respiratory Therapist? Yes* No

*If the answer is "Yes", please provide additional information, including a description of the matter, relevant findings and any resulting orders/penalties.

NAME OF AUTHORIZED FACILITY REPRESENTATIVE

TITLE

PHONE NUMBER

EMAIL

SIGNATURE

DATE

THE FORM MUST BE SUBMITTED TO THE CRTO OFFICE BY THE EMPLOYER

MAIL: CRTO, 180 Dundas St. W. Ste. 2103 Toronto, ON M5G 1Z8, Canada FAX: 416-591-7890

QUESTIONS: t: 416-591-7800 or toll free 1-800-261-0528, email: walsh@crto.on.ca web www.crto.on.ca