



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
respiratoires de l'Ontario

# Application for REINSTATEMENT for Members registered with Inactive Certificates of Registration

According to the Registration Regulation (O.Reg 596/94 Part VIII) an Inactive Member may be reissued a General or Limited Certificate of Registration if the Member satisfies the Registration Committee that they possesses the **current** knowledge, skill and judgment needed to practise Respiratory Therapy. Inactive Members who have practised within two years immediately preceding their application for reinstatement will by policy will generally satisfy the requirement referred in section 62(2)(c), unless the CRTO is aware of information that could reasonably indicate a concern with respect to the Member's knowledge, skill and/or judgment. At the time of reinstatement, Inactive Members (a) who have not practised in the past two years, and/or (b) if there are concerns with respect to the Member's knowledge, skills and/or judgment, their application will be referred by the Registrar to a Registration Committee Panel for consideration. For more information, please refer to the [Inactive Certificate of Registration Policy](#).

Inactive Members are not permitted to resume practice in Ontario until after their General or Limited Certificate of Registration has been reinstated by the CRTO. It may take up to eight weeks to process the application for reinstatement.

## 1. PERSONAL / CONTACT INFORMATION

FIRST NAME

SURNAME

CRTO REGISTRATION NO.

APT. NO.

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

PHONE NUMBER

EMAIL

## 2. EMPLOYMENT PROFILE

### MOST RECENT EMPLOYMENT AS A RESPIRATORY THERAPIST

When did you last practise as a Respiratory Therapist? DATE (MM/DD/YYYY)

NOT APPLICABLE

EMPLOYER NAME

ADDRESS

POSITION HELD

EMPLOYMENT START DATE (MM/DD/YYYY)

STATUS

FULL TIME

PART TIME

CASUAL

### PENDING RESPIRATORY THERAPY EMPLOYMENT IN ONTARIO (CHOOSE ONE OF THE FOLLOWING)

I will be returning from a leave of absence to my previous employer (see above). Anticipated return to work date (MM/DD/YYYY)

I will be starting new employment in Ontario (provide details on page 2). Tentative start date (MM/DD/YYYY)

N/A I do not have pending Respiratory Therapy employment in Ontario at this time.

OFFICE USE ONLY

RECEIVED DATE

REGISTRATION FEE

REINSTATEMENT DATE

If you have secured new Respiratory Therapy employment in Ontario (pending reinstatement), please provide the following:

EMPLOYER NAME

ADDRESS

TELEPHONE NUMBER

POSITION TITLE

SUPERVISOR'S NAME

EMPLOYMENT CATEGORY  PERMANENT  TEMPORARY  CASUAL

STATUS  FULL TIME  PART TIME  CASUAL

3. DECLARATION AND AUTHORIZATION

- I certify that I am covered by personal/employer professional liability insurance... I declare that I am participating in the CRTO Quality Assurance Program... I agree to notify the CRTO, in writing, within 30 days, of any change(s) to my personal, employment, and/or professional registration and conduct information.



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

4. REGISTRATION FEE

The reinstatement fee for an Inactive Member is pro-rated as follows:

- \$525.00 March – May \$200.00 September – November
\$362.50 June – August \$37.50 December – February

Method of Payment:

Cheque  Money Order (payable to the CRTO)

Online/Tele Banking Bank Name: \_\_\_\_\_ Trans. Date (MM/DD/YYYY) \_\_\_\_\_
(please use your CRTO registration number as the account number)

Visa  Master Card

Card Number [grid] Expiry Date [grid]

Card Number

Expiry Date

SIGNATURE \_\_\_\_\_ NAME ON CARD \_\_\_\_\_

SUBMITTING YOUR APPLICATION

EMAIL: ng@crto.on.ca | MAIL: CRTO, 180 Dundas St. W. Ste. 2103 Toronto, ON M5G 1Z8 | FAX: 416-591-7890

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