



REGISTRATION Verification Form

SECTION 1

This section must be completed by the applicant and forwarded to the regulatory body / professional association in the jurisdiction(s) in which you have been registered as a Respiratory Therapist or in any other health profession.

I, _____ hereby authorize _____
PRINT NAME NAME OF REGISTRATION/LICENSING BOARD

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

APPLICANT'S PHONE NO. APPLICANT'S REGISTRATION NO.

SECTION 2

This section must be completed by the regulatory body / professional association and forwarded directly to the CRTO.

I, _____ the Registrar/Secretary acting on behalf of the
NAME OF REGISTRAR / SECRETARY

NAME OF THE ORGANIZATION certify that the following are true statements relating
to the registration record for: _____
APPLICANT'S NAME REGISTRATION NO.

Date Registration held: _____
FROM TO

1. Does the applicant have any terms conditions or limitations placed on his/her registration/license to practice? Yes* No
2. Is the applicant or has the applicant ever been the subject of professional misconduct, incompetence or incapacity proceedings? Yes* No
3. To your knowledge, has the applicant ever been found guilty of a criminal offence or an offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada)? Yes* No
4. Are you aware of any event, circumstance, condition or matter not disclosed above, relevant to the applicant's competence, conduct, or physical/mental capacity that may impede to 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.

SIGNATURE DATE

THE FORM MUST BE SUBMITTED TO THE CRTO OFFICE BY THE REGULATORY BODY / PROFESSIONAL ASSOCIATION

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