



College of Respiratory Therapists of Ontario  
 180 Dundas Street West, Suite 2103  
 Toronto, Ontario M5G 1Z8  
[www.crto.on.ca](http://www.crto.on.ca)

# 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

\_\_\_\_\_ certify that the following are true statements relating to  
Name of the Organization

the registration record for: \_\_\_\_\_ to \_\_\_\_\_  
Applicant's name Registration# Date Registration held

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 or mental capacity, that might be an impediment to the applicant's ability to function as a Respiratory Therapist?  Yes\*  No

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

