

2012 REGISTRATION RENEWAL GUIDE



THE DEADLINE
FOR THE
REGISTRATION
RENEWAL IS
MARCH 1, 2012.

The Registration Renewal Guide was designed to assist you in the completion of your 2012 Registration Renewal. The deadline for the registration renewal is **March 1, 2012.**

If you have any questions about the renewal process, please contact us at 416-591-7800 or toll free 1-800-261-0528 extension 25, or by e-mail at walsh@cрто.on.ca. As in previous years, incomplete renewals will be returned to Members - so please call. We are here to help.

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Members are encouraged to renew their membership online at www.cрто.on.ca, Member Login section.

The online option is available to all Members whose valid email addresses are on file with the College and who do not wish to change their status of registration (e.g. from Inactive to General). The online renewal system will open in the first week of **January 2012.**

In addition a pdf copy of the renewal form will be posted on our website at www.cрто.on.ca in the first week of January 2012. Members may complete the pdf form and mail it to our office.

If you do not have access to a computer and would like the College to send you a renewal package by mail, you must submit your request before **February 10, 2012**, to allow sufficient time for the form to be mailed to you and returned to the CRTO.

Faxed Renewal forms will not be accepted.

1. Timelines and Fees

The deadline for registration renewal is **March 1, 2012**.

Please be advised that fees will be processed upon receipt unless post-dated. A late fee will be levied on renewals that are incomplete or **postmarked after March 1, 2012**. A \$35.00 fee will be charged on cheques returned for insufficient funds.

Registration Fees	Other Fees
\$500.00 General	\$100.00 Late General, Limited or Graduate
\$500.00 Limited	\$25.00 Late Inactive
\$500.00 Graduate	\$35.00 NSF Charge
\$50.00 Inactive	\$250.00 Reinstatement Fee

The most efficient way to submit your registration fee is through the online credit card payment option. Payments made online are secure. Members also have the option of completing the renewal form online and paying the registration fee separately by submitting a personal cheque, money order, employer cheque, payment through the CSRT or by Tele/Internet Banking. Cheques should be made payable to the CRTO. If paying through your financial institution, please use your six digit CRTO registration number as the account number.

If you are paying your CRTO membership fee through the CSRT, please make sure to submit your payment to the CSRT before **February 17, 2012**. The CSRT cannot submit your CRTO renewal information for you; it must be completed and submitted to the College directly by each individual Member.

Please note that your renewal is not complete until both the renewal information and payment have been received.

The 2012/13 certificates of registration and tax receipts will be mailed to all Members at the **end of March**.

2. Registration Renewal Options

Active Status: To practice respiratory therapy in Ontario, you will need to hold an **active certificate of registration**. Please note that if you are going to be practicing on March 1, 2012 (even if it is for a limited amount of time, e.g. one month), you will need to renew in the active status and pay the full \$500.00 registration fee. The CRTO By-law specifies that the registration fee is an annual fee i.e. it covers the full registration year regardless of status or employment changes that may happen during the year. With the exception of inactive members returning to active, the annual fee cannot be prorated at the start of the registration year. Also, there is no rebate on annual fees should you stop practicing for a portion of the year.

Inactive Status: The Registration Regulation permits CRTO Members in the General and Limited classes to hold "inactive" status providing they are not practicing the profession in the broadest sense of that phrase. The inactive status does not apply to Graduate Members.

In the view of the CRTO, the purpose of the inactive status is to allow non-practising RTs to maintain their membership with the College as long as they do not:

- 1) engage in the practice of respiratory therapy,
- 2) participate in activities related to their respiratory therapy credentials or experience or otherwise use their professional status.

"Engaging in the practice of respiratory therapy" includes:

- providing direct patient care within the scope of practice of the profession;
- acting as an administrator, supervisor or educator in the field of health care;
- selling products or services related to respiratory therapy;
- providing consultations for respiratory care and related care, equipment and services; or
- conducting research related to respiratory therapy.

To change your status from active to inactive, you must return the completed [paper renewal form](#), the [change to inactive status](#) form and the \$50.00 inactive registration fee. **It is not possible to change your status online.**

To change your status from inactive to active you must return your completed [paper renewal form](#), the [returning to active status form](#), and the \$500.00 active registration fee. **It is not possible to change your status online.** Following a change to active status, Members who have held inactive status for three or more consecutive years, will be referred by the Registrar to a Panel of the QA Committee.

Resignation: If you do not plan to practice respiratory therapy in Ontario you may choose to resign your membership. You may do so by completing the [Resignation Form](#) posted on our website or by sending a letter of resignation to the College on or before March 1, 2012. If you fail to renew or resign your membership with the College by the deadline, your membership may be suspended for non-payment of fees.

Suspension: Suspension Notices will be sent to all Members who have not completed the renewal by March 1, 2012. Members who do not respond within 30 days to the Suspension Notice will have their certificates of registration suspended for failure to renew membership (i.e., non-payment of fees or submission of annual renewal information). A person whose certificate of registration has been suspended is not permitted to hold him/herself out as a person qualified to practice the profession in Ontario, including using the title "Registered Respiratory Therapist" or to practice as a Respiratory Therapist in Ontario. The Public Register of Members will be updated with this status change.

3. Personal Information

Name: The name a CRTO Member is using in his/her practice should be the name registered with the College. The public has a right to know who the Members are and what their qualifications are and the College must be able to correctly identify a Member if needed.

Name Change: It is not possible to change your name online. If you wish to change your registered name you must submit your request in writing and verify the change by attaching a copy of a marriage certificate, change of name certificate or certificate of divorce.

Home Address: The College By-laws require that a Member's home address be included in their file. This information is not made available to the public. By default your home address is your mailing address.

Preferred email address: Please provide the email address you would like us to use for communicating with you electronically. The online registration process will use your email address to verify your account information. To prevent unauthorized access to your profile with the College your preferred email address should be a personal address, and not one that is shared with someone else. The College uses Members' email addresses to provide updates on current issues, reminders on upcoming deadlines and events, and to provide important information regarding the mandatory Quality Assurance Program.

4. Language Fluency

Please indicate the languages in which you are currently capable of providing RT services.

5. Registration in Other Jurisdictions

Complete this section if you have **concurrent** registration in other respiratory therapy jurisdictions – including unregulated jurisdictions - or if you are registered to practice in another health profession.¹

6. Conduct

Respiratory Therapists are required by law to inform the College if they have been found guilty of an offence(s) or have been the subject of disciplinary or incapacity proceedings of another governing body. You do not need to report offences(s) or proceedings that you have previously reported to the College. However, please note that you must report findings even if they resulted in a discharge or a pardon. If your answer is "Yes" to any of the conduct questions, please provide full particulars in the comment box (online) or attach a separate sheet of paper to your paper renewal form.

¹ The Ministry of Health and Long Term Care (the "Ministry") uses this data to estimate labour mobility trends of RTs across Canada.

7. Education

Please include your post-secondary education in respiratory therapy and other disciplines. If the information relating to your entry to practice respiratory therapy education is incomplete or incorrect, please contact the College. For degrees outside of RT, please indicate the field of study, using the following as a guide:

Arts, Social Sciences and Humanities: any instructional programs that focus on the systematic study of social systems, social institutions, and social behaviour or independent or individualized studies in the liberal arts subjects, the humanities disciplines, literature, history and the general curriculum.

Biological and Biomedical Sciences: any instructional programs that focus on the biological sciences and the non-clinical biomedical sciences, and that prepare individuals for research and professional careers as biologists and biomedical scientists.

Business, Management, Marketing and Related: any instructional programs that prepare individuals to perform managerial, technical support, and applied research functions related to the operation of commercial and non-profit enterprises and the buying and selling of goods and services.

Education: any instructional programs that focus on the theory and practice of learning and teaching, and related research, administrative and support services.

Engineering: any instructional programs that prepare individuals to apply mathematical and scientific principles to the solution of practical problems.

Gerontology: any program that focuses on the human aging process and aged human populations, using the knowledge and methodologies of the social sciences, psychology and the biological and health sciences.

Health Administration/Management: any program that prepares individuals to develop, plan, and manage health care operations and services within health care facilities and across health care systems.

Health Professions & Related Clinical Sciences: any instructional programs that prepare individuals to practise as licensed professionals and assistants in the health care professions.

Law: any instructional programs that prepare individuals for the legal profession, for related support professions and professional legal research, and focus on the study of legal issues in non-professional programs.

Mathematics, Computer Information Sciences: any general program that focuses on the analysis of quantities, magnitudes, forms and their relationships, using symbolic logic and language or any general program that focuses on computing, computer science and information science and systems as part of a broad and/or interdisciplinary program.

Medical Laboratory Science: any program that prepares individuals to conduct and supervise complex medical tests, clinical trials and research experiments; manage clinical laboratories; and consult with physicians and clinical researchers on diagnoses, disease causation and spread, and research outcomes.

Physical Sciences: any instructional programs that focus on the scientific study of inanimate objects, processes of matter and energy, and associated phenomena.

Psychology: any instructional programs that focus on the scientific study of the behaviour of individuals, independently or collectively, and the physical and environmental bases of mental, emotional and neurological activity

Public Administration: instructional programs that prepare individuals to analyse, manage and deliver public programs and services.

Public Health: any program that generally prepares individuals to plan, manage and evaluate public health care services and to function as public health officers.

Rehabilitation Science: any program that includes a systematic study of the physical and psychosocial dimensions of human function throughout the lifespan of individuals with impairments, disabilities and/or handicaps.

Certifications: Please indicate any certifications that you have obtained that require renewal or recertification (e.g., BCLS, NRP, etc.).

8. Employment Information

Employment History: Indicate where and when you first practiced as a Respiratory Therapist and if applicable, indicate the most recent place outside of Ontario in which you have practiced as a Respiratory Therapist.²

Current Employment Status: Indicate your current employment status by checking the appropriate box. If you are taking a leave of absence, please provide the “to” and “from” dates as well as the reason (e.g., academic).

Current Employment Profile: Only complete this section if you are currently practicing the profession in some capacity or if you have practiced in the last 12 months.

Provide the **number of weeks** you spent practicing respiratory therapy in the past 12 months excluding vacation, on-call time and sick and leave time greater than one week. This applies to all practice settings. Note that at least one practice day in a week constitutes a week of practice.

Provide the **average number of hours** you spent practicing respiratory therapy per week during the past 12 months. Hours indicated are inclusive of all practice hours (e.g. travel time to various settings, preparation and service provision, time spent working during on-call hours). Hours should exclude any volunteer, extra-curricular time outside of the profession or any on-call hours where you were not working.

Provide the **average number of weekly on-call hours** in the past 12 months. Average number of on-call hours per week across all practice sites. Hours indicated are inclusive of all on-call hours (worked and not worked).

² The Ministry uses this information to identify the first location of practice in profession and international/provincial migration trends. This information also provides a baseline indication for length of time in the workforce and information on transitions into and out of work-life cycle.

Proportion of Weekly Practice Hours Spent On Various Activities³

- % Direct Respiratory Therapy Services:** Provide the percentage of your time each week spent on direct RT services, across all practice sites. This excludes clinical education hours (providing professional services while teaching).
- % Teaching:** Provide the percentage of your time each week spent on teaching (e.g. post-secondary) to prepare students for a health profession. This excludes clinical education (providing professional services while teaching).
- % Clinical Education:** Provide the percentage of your time each week spent on clinical education only (e.g. providing direct professional services while teaching) across all practice sites.
- % Research:** Provide the percentage of your time each week spent on conducting research related to respiratory therapy.
- % Administration:** Provide the percentage of your time each week spent on administration in respiratory therapy.
- % Other Activities:** Provide the percentage of your time each week spent on all other activities.

Preferred Employment Status Indicate the employment status you most prefer with respect to working in the profession. This is to measure at what level health professionals prefer to participate in the workforce to give an indication of labour supply.

Full-Time: Prefer to have regular work at 30 hours or more per week.

Part-Time: Prefer to have regular work hours at less than 30 hours per week.

Casual: Prefer to work with no pre-determined fixed number of hours per week.

³ The Ministry collects this data as a measure of how much time is spent on each activity, giving them an indication of availability of services:

9. Place(s) of RT Employment

Employment addresses and contact information: The RHPA and College By-law require that the Public Register contain contact information about each employer or place of business where a Member practices Respiratory Therapy.

Employment Category / Status

Permanent: Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed practice hours per week.

Temporary: Status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed practice hours per week.

Self-Employed: A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by a verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

Full-Time: Official status with employer is full-time or equivalent, or usual hours of practice are equal to or greater than 30 hours per week.

Part-Time: Official status with employer is part-time, or usual hours of practice are less than 30 hours per week.

Casual: Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement between employer and employee that the employee will be called to work on a regular basis.

Practice Setting

Indicate the type of facility that best describes where you work. Select one for each employer. Please note that this refers to the location where you are directly engaged in your RT practice.

Ambulance Services: Ontario's Emergency Health Services System (EHS) is a series of interrelated land and air emergency medical services designed to provide timely response and pre-hospital care.

Assisted Living Residence: A retirement home or supportive housing that provides varying degrees of care to assist individuals/couples to live independently. Services include home making, meal preparation, low to daily personal care and availability of a personal support worker or staff on a 24-hour basis. These facilities include group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.

Association, Government, Regulatory Organization, Non-Government

Organization: An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

Children Treatment Centre (CTC): A community-based organization that serves children with physical disabilities and multiple special needs. The 19 Children's Treatment Centres across the province provide a range of services for children and youth up to 19 years of age who have physical disabilities or communication disorders.

Community Care Access Centre (CCAC): A local organization that assists its clients to access government-funded home care services and long-term care homes. The organization helps people to navigate the array of community support and health agencies in their communities.

Community Health Centre (CHC): A CHC employs physicians and other interdisciplinary health providers to serve high-risk communities and populations who may have trouble accessing health services because of language, culture, physical disabilities, socioeconomic status or geographic isolation. CHC's emphasize health promotion, disease prevention and chronic disease management based on local population health needs. The organization must be recognized as a CHC. There are 54 CHCs throughout Ontario (May 2008).

Educational Institution: A post-secondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of education.

Family Health Team (FHT): A Family Health Team is a group that includes physicians and other interdisciplinary health providers. The FHT provides comprehensive Primary Health Care (PHC) services. The FHT provides services on a 24/7 basis through a combination of regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The FHT emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The FHT must enroll patients. The group must be recognized as a FHT. There are 150 FHTs in Ontario (2008).

Group Health Centre (Sault St. Marie): An interdisciplinary practice in Sault Ste. Marie that includes physicians and other interdisciplinary health providers. The group provides comprehensive primary health care (PHC) services. The services are provided on a 24/7 basis through a combination of regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The group emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The group must enroll patients.

Group Practice Office: A community based group (not already noted) professional practice or clinic that is composed of two or more health professionals working together to deliver health services. Clients typically come to the professionals' location to receive services. Other administrative support staff may also be involved however, the health professionals are the focus of service provision.

Health Related Business / Industry: A business or industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development or the selling of health-related products (e.g. medical device companies, pharmaceutical companies).

Home Care Company: The professional travels to the client's home, to provide services.

Hospital: A health care facility that offers a range of in-patient and outpatient health care services (e.g. medical, surgical, psychiatry etc.) available to the target population. Includes specialty and complex continuing care hospitals not otherwise classified.

Laboratory Facility: A stand-alone laboratory providing specialized or broadly based human health related diagnostic laboratory services including collection, testing and results reporting (e.g. polysomnography). Excludes any public health or blood transfusion service laboratory.

Medical/Dental Clinic: A community-based professional practice/business composed of a group of practitioners who deliver health care services. Clients typically come to the clinic to receive services (e.g. sleep dentistry, dental anesthesia). Administrative support staff may also be involved however; the regulated health care professionals are the focus of service provision.

Nurse Practitioner-Led Clinic: a clinic led by a nurse practitioner; the clinic provides primary health care in collaboration with family physicians, and other interdisciplinary health care providers. The focus of the clinic is on comprehensive primary care services in areas where access to family health care is limited.

PFT Lab: provides a full range of lung diagnostic services.

Public Health Unit: A public health laboratory or official health unit that administers health promotion and disease prevention programs to inform the public about healthy life-styles, communicable disease control including education in STDs/AIDS, immunization, food premises inspection, healthy growth and development including parenting education, health education for all age groups and selected screening services.

Rehabilitation Centre: A health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

Residential/Long-Term Care Facility: A long-term care facility designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care facilities offer high levels of personal care and support. These facilities include nursing homes, municipal homes and charitable homes.

Solo Practice Office: A community-based professional practice/business composed of a single practitioner who delivers health services. Clients typically come to the professional's location to receive services. Administrative support staff may also be involved however; the health professional is the focus of service provision.

Urgent Care Centre: An Urgent Care Centre (UCC) can provide diagnosis and treatment for most injuries and illnesses through emergency trained doctors and other health care professionals.

Walk-In After Hours Clinic: At a Walk-in or After Hours Clinic you can see an experienced nurse or doctor, often without an appointment. They offer convenient access to advice, assessment and treatment for minor illnesses and injuries such as cuts, bruises, minor infections, sprains and skin complaints.

Position Type

Indicate the type of position you hold at the specific place of employment. Only one can be selected per employer.

Administrator: A person whose primary role is involved in administration, planning, organizing and managing.

Anesthesia Assistant: a specially trained, health professional who participates in the care of the stable surgical patient during general, regional, or conscious sedation anesthesia through medical directives under the supervision of the anesthesiologist.

Cardiovascular Perfusionist: primary role is to conduct cardiopulmonary bypass using a heart-lung machine and other ancillary equipment. They closely monitor the patient's blood flow and other vital signs during open heart surgery and are also responsible for administering intravenous fluids, blood products and anesthetic drugs. Perfusionists are also experts of other life support equipment such as ventricular assist devices and intraortic balloon pumps.

Charge Therapist / Senior RT: provides clinical leadership (including supervision and clinical support) to RTs and other health care practitioners to ensure that respiratory therapy services are delivered in a safe, effective and efficient manner.

Clinical Educator: the focus is the provision of clinical education to health care practitioners in the clinical setting including the teaching, reinforcing and evaluation of clinical competencies.

Consultant: Major role is the provision of expert guidance and consultation, without direct patient-care, to a third-party.

Faculty: (post-secondary education): Major role is as an educator for a particular target group.

Home Care RT: Focus is the provision of respiratory therapy services to clients in their homes.

Hyperbaric RT

Infection Control Practitioner

Manager: Major role is in the management of a particular team/group that delivers services.

Owner / Operator: An individual who is the owner of a practice site and who may or may not manage or supervise the operation at that site.

Patient Educator/Patient Outreach: Focus is the provision of education to patients/clients and may occur in a variety of practice settings, including hospital, primary care and community.

Polysomnography RT

Professional Practice Leader

Pulmonary Function RT

Quality Management Specialist: Major role is the assurance and control of the quality of procedures and/or equipment.

Researcher: Major role is in knowledge development and dissemination of research.

Sales Representative: Major role is in the sales of health related services/products.

Staff RT

Transport RT: Focus is the provision of respiratory therapy services to patients/clients during transfer from one location to another. This may include land and air transfers, the transfers between facilities, the support of patients/clients in the community.

Main Area of Practice

Main focus of your respiratory therapy practice at the specific place of employment. Only one can be selected per employer.

Acute Care: Services provided primarily to clients who have an acute medical condition or injury that is generally of short-duration.

Administration/Management: Management of services or the development of policy and / or programs.

Anaesthesia: Includes all levels of involvement in OR setting (e.g., gas machine maintenance).

Chronic Disease Prevention: Services are provided primarily to address chronic diseases early in the disease cycle to prevent disease progression and reduce potential health complications. Diseases can include diabetes, hypertension, congestive heart failure, asthma, chronic lung disease, renal failure, liver disease, and rheumatoid and osteoarthritis.

Chronic/Long Term Care: Includes general patient care activities that are related to the care of a patient's chronic condition.

Comprehensive Primary Care: Services provided primarily to a range of clients, possibly at first-contact, to identify, prevent, diagnose and/or treat health conditions.

Consultation: Expert consultation is provided on the profession related to medical and/or legal matters.

Continuing Care: Services provided primarily to clients with continuing health conditions for extended periods of time.

Critical Care: Services provided primarily to clients dealing with serious life-threatening and/or medically complex conditions who require constant care, observation and specialized monitoring and therapies.

Diagnostics: Cardio / pulmonary diagnostic procedures (e.g. stress testing, PFT).

Education (Faculty – Post-secondary education): Focus of activities is directed at providing post-secondary teaching to individuals registered in formal education programs.

Emergency: Services provided primarily to patients/clients admitted to the emergency department of an acute care facility.

Home Care: Providing respiratory therapy services in client's home, long-term care facility, etc.

Infection Control: Specifically responsible for developing/ implementing a healthcare setting's infection prevention and control program.

Palliative Care: Services provided primarily to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

Patient/Client Education: Focus is the provision of education to patients/clients and may occur in a variety of practice settings, including hospital, primary care and community.

Patient Transport: The provision of respiratory therapy services to patients/clients throughout the transfer process from one location to another.

Polysomnography: Performing / scoring sleep studies.

Public Health: Services are provided primarily with the purpose of improving the health of populations through the functions of health promotion, health protection, health surveillance and population health assessment.

Pulmonary Function Testing

Quality Management: Focus of activities is on the assurance of the operational integrity, based on compliance with staffing, technical and organizational requirements.

Rehabilitation: Providing respiratory therapy services in an in-patient and out patient rehab setting (e.g. pulmonary rehab clinic).

Research: Focus of activities is in knowledge development and dissemination of research including clinical and non-clinical.

Sales: Focus of activities is in the sales and/or service of health related apparatuses or equipment.

Main Category of Patients/Clients

Select the age range that best represents the patient/client population that you **most often** work with.

Adults: clients that are between the ages of 18-64 years, inclusive

Neonatal: clients from birth to one month

Paediatrics: clients that are older than one month and up to the age of 17 years

Seniors: Adult clients that are 65 years of age and older.

10. RT Activities

Choose all RT activities/procedures you currently perform at your place(s) of employment.



Note: You may not perform an advanced prescribed procedure unless you have, within two years before the procedure is performed, successfully completed a certification or recertification program approved by the College.

For more information contact the College's Professional Practice Advisor at harrison@crto.on.ca or ext. 33.

11. Delegation

You are **delegating** to another individual if you are formally transferring your authority to perform a particular controlled act (e.g., suctioning) to another individual who does not already have authority to perform that controlled act.

Note: Respiratory therapy students do not require delegation to perform controlled acts under supervision as they are listed as an exception in the *Regulated Health Professionals Act*.

You are **accepting delegation** from another regulated health professional if they have transferred their authority to perform a particular controlled act (e.g., defibrillation) to you.

You do not require delegation for a controlled act that you are already authorized to perform under the *Respiratory Therapy Act* (e.g. endotracheal intubation).

For more information please refer to the [Interpretation of Authorized Acts](#) and the [Delegation of Controlled Acts](#) PPGs.

12. Declaration

Professional Liability Insurance: The College requires that General, Limited and Graduate Members, engaged in the practice of respiratory therapy as outlined in subsection 63? of the Registration Regulation, carry minimum liability insurance coverage of 2 million dollars for each occurrence. Currently, the College accepts Members' signed declaration on the Registration Renewal form or other written confirmation as satisfactory evidence of maintaining the required professional liability insurance coverage.

For Inactive Members, or Members who are not engaged in the practice of respiratory therapy as outlined in subsection 63? of the Registration Regulation, the amount of coverage required by the College is set at "zero" providing that the Member has declared that he or she is requesting an exemption from the professional liability insurance requirement on the grounds that he/she is not currently engaged in the practice of respiratory therapy (either Inactive or non-practicing), and has read and understood the *Professional Liability Insurance Policy* of the CRTO and will obtain insurance before practicing.

Quality Assurance: All Members of the College must participate in the Quality Assurance Program on an ongoing basis. It is expected that you will begin the process of documenting your on-going professional development using the **Portfolio Online for Respiratory Therapists (PORT)** posted on our website at www.skilsure.net/skilsure_crto/Login/login.php . A minimum of one Learning Goal and 12 Learning Log activities per 12-month cycle are required. Should you require any assistance with the QA Program please contact the Manager of Quality Assurance at hamp@crto.on.ca or by phone at extension 33.

13. Public Register / Privacy

Completing all sections of the registration renewal is an important part of being a Member of a self-regulating profession. The CRTO, as the regulatory body for Respiratory Therapists in Ontario, requires that you provide your contact, employment and conduct information. Your name, business address and business telephone numbers, as well as information regarding your CRTO registration status are all part of the **Public Register**. Upon request, the College must provide this "public" information to anyone who requests it (for example to confirm whether a person is a Member of the College). The Public Register is available on the CRTO website. This is in accordance with the *Regulated Health Professions Act, 1991, Schedule 2, section 23(3)*, and College By-law No. 18, section 31. For more information, please see www.crto.on.ca/register.aspx .

All other information is confidential and not available to the public. This includes your home address, email addresses and date of birth. This information is used only for the purpose of regulating the profession including policy development, administrative functions and statistical trend tracking. Article 31 of the current CRTO By-law provides for the collection of this information (duty to report) www.crto.on.ca/pdf/Bylaws/bylaws.pdf.

14. Contact Information

If you have any questions about the renewal process, please contact us at:

Telephone: 416-591-7800 or toll free 1-800-261-0528

General Inquiries

Shah Amarshi, Administrative Officer
questions@crto.on.ca ext. 22

Registration

Ania Walsh, Manager of Registration
walsh@crto.on.ca ext. 25

Marley Hillen, Administrative &
Registration Assistant
hillen@crto.on.ca ext. 28

Professional Practice

Jennifer Harrison, RRT, Professional
Practice Advisor
harrison@crto.on.ca ext. 30

Quality Assurance

Carole Hamp, RRT, Manager of Quality
Assurance and Member Relations
hamp@crto.on.ca ext. 33

Conduct Issues

Melanie Jones-Drost, Deputy Registrar
jones-drost@crto.on.ca ext. 24

Online Login / Technical Support

Janice Carson-Golden,
Communications Co-ordinator
carson@crto.on.ca ext. 27

Mailing Address

**College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2103, Toronto, ON M5G 1Z8**

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