



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

RESIGNATION Form

If you do not plan to practice Respiratory Therapy in Ontario you may choose to resign your membership. To do so you must notify the CRTO in writing by completing this form and submitting it to the CRTO office. If you fail to renew or resign your membership with the CRTO by the renewal deadline your membership may be suspended for non-payment of fees.

Once you have resigned your membership, you are no longer a Member of the CRTO and therefore not permitted to use the title Respiratory Therapist or practice Respiratory Therapy in Ontario. If in the future you wish to reinstate your CRTO membership, you will need to re-apply and meet the entry to-practice requirements at that time.

RESIGNATION REQUEST

I wish to resign my membership with the CRTO. I have read the information above, and understand that once I have resigned from the CRTO I will no longer be authorized to use the title of Respiratory Therapist or to practise Respiratory Therapy in Ontario. I also understand that in order to reinstate my CRTO membership, I will need to re-apply and meet the registration requirements existing at the time of my new application.

1. PERSONAL / CONTACT INFORMATION

FIRST NAME

SURNAME

CRTO REGISTRATION NO.

APT. NO.

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

PHONE NUMBER

EMAIL

2. REASON FOR YOUR RESIGNATION

- Leave of absence (academic) Leave of absence (parental) Moving to another country Working in other profession
 Leave of absence (medical) Moving to another province Retirement Other:

Last day of your RT practice in Ontario:



SIGNATURE _____ DATE _____

SUBMITTING YOUR APPLICATION

EMAIL: registrationservices@crtto.on.ca | MAIL: CRTO, 90 Adelaide St W Suite 300, Toronto, ON M5H 3V9 | FAX:

416-591-7890 QUESTIONS: t: 416-591-7800 or toll free 1-800-261-0528 | e: registrationservices@crtto.on.ca | web

www.crtto.on.ca