



Application for REGISTRATION

To practise Respiratory Therapy in Ontario, you must be registered with the College of Respiratory Therapists of Ontario (CRTO). To apply for registration, complete and submit this application form to the CRTO office. ALL sections of this form must be completed and all supporting documentation must be received by the CRTO before your application can be processed.

For information on how to complete this application form, please refer to the [Application for Registration Guide](#).

REGISTRATION INFORMATION (choose all that apply)

- I am applying for a **Graduate** (temporary) **Certificate of Registration**
- I am applying for a **General Certificate of Registration**
- I am currently registered to practise as a Respiratory Therapist in another Canadian jurisdiction
- I have previously applied for registration or have previously been registered with the CRTO

1. PERSONAL DATA

FIRST NAME MIDDLE NAME(S) SURNAME

PREVIOUS NAME(S) (if applicable)

If the name you are applying under is different from the name on the supporting documentation, e.g. your education, citizenship or immigration documents, you must provide a copy of your Change of Name Certificate, Marriage Certificate or other evidence of legal name change.

DATE OF BIRTH (MM/DD/YYYY) GENDER MALE FEMALE

2. HOME ADDRESS / CONTACT INFORMATION

APT. NO. STREET ADDRESS

CITY PROVINCE

POSTAL CODE COUNTRY

EMAIL

PHONE NUMBER MOBILE

3. RESIDENCY STATUS * see Application for Registration Guide for required documentation

- I am a Canadian Citizen
- I am a Permanent Resident/Landed Immigrant of Canada
- I have a valid work permit that allows me to work in Respiratory Therapy in Canada. If so, authorization expires on (MM/DD/YYYY)

OFFICE USE ONLY						RECEIVED DATE	APPL. FEE	REGISTRATION DATE
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4. LANGUAGE PROFICIENCY * see Application for Registration Guide for required documentation

First Language ENGLISH FRENCH OTHER (SPECIFY)

Language of RT Training (or related field) ENGLISH FRENCH OTHER (SPECIFY)

Preferred Language of Correspondence from the CRTO ENGLISH FRENCH

Languages in which you can personally and competently provide Respiratory Therapy services
 ENGLISH FRENCH OTHER (SPECIFY)

5. RESPIRATORY THERAPY EDUCATION * see Application for Registration Guide for required documentation

	Name of Academic Institution	Province/Country	Year of graduation
<input type="checkbox"/> Diploma			
<input type="checkbox"/> Baccalaureate			
<input type="checkbox"/> Master			
<input type="checkbox"/> Doctorate			
<input type="checkbox"/> Other			

6. OTHER POST SECONDARY EDUCATION

	Field of Study	Name of Academic Institution	Province/Country	Year of graduation
<input type="checkbox"/> Diploma				
<input type="checkbox"/> Baccalaureate				
<input type="checkbox"/> Master				
<input type="checkbox"/> Doctorate				
<input type="checkbox"/> Other				

7. RESPIRATORY THERAPY EXAMINATIONS * see Application for Registration Guide for required documentation

Have you passed the Canadian Board for Respiratory Care exam (CBRC)? Yes No Exam Date

If not, do any of the following apply to you?

You are registered/you intend to register to write the CBRC exam Yes No Exam Date

You have passed another RT Examination Yes No Exam Date

Name of the Examining body:

8. PROFESSIONAL REGISTRATION * see Application for Registration Guide for required documentation

Are you or have you ever been registered/licensed to practise as a Respiratory Therapist, or in another profession(s) in other provinces/countries?

Yes No If yes, provide the information requested below and complete the **Registration Verification Form** to support your status or registration with a regulatory/licensing organization.

Regulatory/Licensing Body	Reg./License No.	Province/State/Country	Expiry Date

9. EMPLOYMENT PROFILE

9.a Employment History

Have you ever been engaged in the practice of Respiratory Therapy in any jurisdiction at any time?

Yes If yes, please:

- List the name and address information of all your Respiratory Therapy employers, starting with the most recent. Please include start and finish dates. If needed, continue on a separate sheet of paper;
- Complete the **Employment Verification Form** [for every place of employment in the jurisdiction(s) in which you have been practising as a Respiratory Therapist (or in a related field) over the past five years]; and
- Attach a copy of your resume or curriculum vitae to this application.

No If no, please skip to section **9.b**

Start date	End date	Position Held
Employer Name		
Employer address		Province/State
Country	Phone No	
Start date	End date	Position Held
Employer Name		
Employer address		Province/State
Country	Phone No	
Start date	End date	Position Held
Employer Name		
Employer address		Province/State
Country	Phone No	
Start date	End date	Position Held
Employer Name		
Employer address		Province/State
Country	Phone No	
Start date	End date	Position Held
Employer Name		
Employer address		Province/State
Country	Phone No	

9.b Pending RT Employment in Ontario

Have you secured RT employment in Ontario (pending registration)?

Yes If yes, please complete section below

No If no, please skip to section **10**

Tentative Start Date	Position Title
Employer Name	
Department	
Address	
Telephone Number	Ext. Fax Number
Supervisor's Name	
Employment Category	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Self-Employed
Employment Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual

10. PROFESSIONAL CONDUCT

a. Have you ever been charged, or found guilty of, any of the following (you must report charges even if they resulted in a discharge or pardon):

i.	a criminal offence in Canada or in any jurisdiction outside Canada?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
ii.	an offence under the <i>Health Insurance Act</i> ?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
iii.	an offence related to prescribing, compounding, dispensing, selling or administering drugs?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
iv.	an offence that occurred while practising, or that was related to the practice of, health care?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
v.	an offence in which you were impaired or intoxicated? or	<input type="checkbox"/> Yes* <input type="checkbox"/> No
vi.	any other offence relevant to your suitability to practise the profession?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
b.	Are you currently subject to any bail conditions (e.g., restricted from travelling outside Canada)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
c.	Have you been disciplined, suspended, required to resign, terminated or subjected to similar action in respect to employment or a contract of service?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
d.	Have you ever been found guilty of professional negligence or malpractice?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
e.	Are you currently or have you ever been the subject of any professional misconduct, incompetence or incapacity or other similar proceeding or investigation by any professional licensing or registration body? You must report proceedings even if they are not publicly available and even if no penalty was ordered.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
f.	Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions relevant to your competence, conduct or physical or mental capacity that might be relevant to your ability or suitability to function as a Respiratory Therapist?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

* If your answer is YES to any of the questions above, you MUST provide full particulars on a separate sheet of paper and attach to this form.

11. DECLARATION AND AUTHORIZATION

- I declare**/hereby certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.
- I understand** that a false or misleading statement or representation may lead to refusal to issue a certificate of registration or to revocation of my certificate of registration with the CRTO.
- I agree** to notify the CRTO, in writing, **within 30 days**, of any change(s) to the information contained on this form, including personal data, employment status and professional registration and conduct information.
- I understand** that should my registration be approved, I will be required to comply with the CRTO Professional Liability Insurance Policy.
- I understand** that should my registration be approved, I will be required to comply with the CRTO **Quality Assurance Program** as set out in regulation (O.Reg 596/94 Part VI), and in the form and manner required by the CRTO.
- I hereby **authorize** the sources referred to on this form to release to the College of Respiratory Therapists of Ontario all information about me in the possession of the source for the purpose of CRTO registration.



SIGNATURE

DATE

12. APPLICATION FEE

In order for your application to be processed you must include the **\$75.00** application fee. Once your application has been approved you will be required to submit the registration fee. The application fee is not refundable.

Method of Payment

Cheque (payable to the CRTO) Money Order (payable to the CRTO)

For credit card payment, please complete section below

Visa Master Card

													OFFICE USE ONLY				
Card Number													Expiry Date				
Amount Authorized				SIGNATURE											Name on Card		
\$																	

SUBMITTING YOUR APPLICATION

Only original application forms will be accepted by the CRTO. **Faxed application forms are not accepted.** When submitting your Application for Registration, ensure that your application is complete (see page 6 – Checklist) and include all supporting documentation (please refer to the application checklist) and all applicable fees.

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

CRTO Contact Information **tel: 416-591-7800 or toll free 1-800-261-0528**
email: questions@crto.on.ca
www.crto.on.ca

NOTES



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Application CHECKLIST

Please refer to the checklist below for documentation required as part of your CRTO application. For information on how to complete the application form, please refer to the **Application for Registration Guide**. Documents submitted along with your application will be kept by the CRTO as part of your file.

- Application form**
Completed, signed and dated
- \$75.00 application fee**
Payable to the CRTO
- Proof of Canadian citizenship, permanent residency status or a valid work permit**
E.g. photocopy of birth certificate, residency card
- Proof of Language Proficiency (if applicable)**
If your first language is neither English nor French and your Respiratory Therapy (or related field) training was not in English or French
- Evidence of successful completion of your Respiratory Therapy program (transcript of academic record) (if applicable)**
Applies to graduates of [approved RT programs](#). Ensure that your transcript has been sent directly to the CRTO from the academic institution.
- World Education Services Credential Evaluation (if applicable)**
Applies to applicants educated outside of Canada. Ensure that your credential evaluation and authentication report (course-by-course evaluation) has been sent directly to the CRTO from WES
- Evidence of successful completion of the approved examination (if applicable)**
E.g., photocopy of your CBRC exam results
- [Registration Verification Form](#) (if applicable)**
If you have been registered as a Respiratory Therapist in another jurisdiction, or in any other health profession. The form should be sent directly to the CRTO from the regulatory/licensing organization
- Resume or curriculum vitae (if applicable)**
If you have been working in Respiratory Therapy or in a related field
- [Employment Verification Form](#) (if applicable)**
If you have been working in Respiratory Therapy or in a related field. The form should be sent directly to the CRTO from the place(s) of employment
- Other Documentation (if applicable)** E.g. Proof of name change

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