



College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
www.crto.on.ca

| OFFICE USE ONLY | |
|-----------------|--|
| Received Date: | |
| Appl. Fee: | |
| REF. NO. | |

Application FOR Registration

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 applying under the **Labour Mobility Provisions** (from another Canadian jurisdiction)
- I have completed the **Pre-Registration** process (for Graduates of programs offered outside of Canada)
- 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):

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 Guide for required documentation

- I am a Canadian Citizen
- I am a Permanent Resident/Landed Immigrant of Canada
- I have a valid work permit which allows me to work in Respiratory Therapy in Canada
If so, authorization expires on (mm/dd/yyyy):

4. LANGUAGE PROFICIENCY * see 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 College English French

Languages in which you can personally and competently provide Respiratory Therapy services:

English French Other (specify):

5. RESPIRATORY THERAPY EDUCATION * see 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 Guide for required documentation

Have you passed the Canadian Board for Respiratory Care exam? Yes No Exam Date:

If not, does 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 the CRTO's Core Competencies Evaluation: Yes No Exam Date:

You have passed another RT Examination: Yes No Exam Date:

Name of the Examining body:

8. PROFESSIONAL REGISTRATION * see Guide for required documentation

Are you or have you ever been registered/licensed to practice 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; and
- Complete the **Employment Verification Form** (for every place of employment in the jurisdiction(s) in which you have been practicing as a Respiratory Therapist (or in a related field) over the past five years).

No If no, please skip to section 9.b

Start date: _____ **End date:** _____ **Position Held:** _____

Employer Name: _____

Employer address: _____ Province/State: _____ Country: _____

Telephone number: _____

Start date: _____ **End date:** _____ **Position Held:** _____

Employer Name: _____

Employer address: _____ Province/State: _____ Country: _____

Telephone number: _____

Start date: _____ **End date:** _____ **Position Held:** _____

Employer Name: _____

Employer address: _____ Province/State: _____ Country: _____

Telephone number: _____

Start date: _____ **End date:** _____ **Position Held:** _____

Employer Name: _____

Employer address: _____ Province/State: _____ Country: _____

Telephone number: _____

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 Permanent Temporary Casual Self-Employed

Employment Status Full-Time Part-Time Casual



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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**.

- 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.
- Employment History (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 College from the place(s) of employment.
- Evidence of successful completion of your Respiratory Therapy program (transcript of academic record)**
Ensure that your transcript has been sent directly to the College from the academic institution; applies to Canadian graduates.
- 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 College from the regulatory/licensing organization.

Once completed, mail your application and the supporting documentation to:

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

If you have any questions about the application process, please contact the CRTO by:

telephone: 416-591-7800 or toll free 1-800-261-0528 e-mail: questions@crto.on.ca
