



College of Respiratory Therapists of Ontario
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CHANGE OF INFORMATION FORM

The CRTO makes every effort to ensure timely communication with its members. In order to ensure that we provide you with up-to-date information, we would ask that you complete and submit this change of information form **within 30 days** of any change of name, home, employment or other relevant information, as indicated on your Annual Renewal Form. Thank you.

*Name (please PRINT)	CRTO Registration No.
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* If you would like to change your name with the College, please send a written request together with a photocopy of one of the following: your marriage certificate, your change of name certificate or the court order that changed your name

HOME ADDRESS AND CONTACT INFORMATION

Date Effective:

Apt. No.	Street	
City	Province	Postal Code
Phone Number	Email Address	

EMPLOYMENT INFORMATION

New Employment

Primary

Secondary

Other

Date Effective:

Name of Institution, Facility, Agency		
Division/site/campus (if applicable)	Department/Service/Program	
Address		
City	Province	Postal Code
Phone	Extension	Fax
Name and Title of Immediate Supervisor		
Employment Category	Employment Status	Position/Job Title
<input type="checkbox"/> Employee	<input type="checkbox"/> Full time permanent	
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Part time	
	<input type="checkbox"/> Full time temporary	
	<input type="checkbox"/> Casual	

Employment Status Change

<input type="checkbox"/> Temporary leave of Absence	<input type="checkbox"/> Resigned	<input type="checkbox"/> Dismissed
<input type="checkbox"/> Academic	<input type="checkbox"/> Retired	<input type="checkbox"/> Laid off
<input type="checkbox"/> Parental		
<input type="checkbox"/> Medical		
<input type="checkbox"/> Other (specify):		
Employer Name		
Date Left / Leaving	Date to return (if returning)	