



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Public Committee Appointee

Application Form

Thank you for your interest in serving on the College or Respiratory Therapists of Ontario (CRTC) committee(s). For detailed information about the CRTC committees and to learn more about what to expect when serving on a committee (e.g., time commitments), please visit the CRTC website, [Council and Committees section](#).

Note: you must complete [CRTC's online orientation module](#) relating to the duties, obligations and expectations of Council and committee members before submitting your application. **Please include a downloaded PDF of your certificate of completion with this application.**

1. APPLICANT INFORMATION

NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL

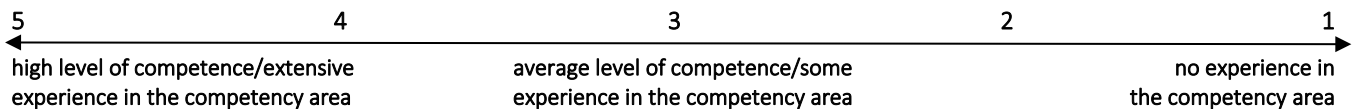
2. ELIGIBILITY DECLARATIONS

(check ☒ all that apply)

- | | |
|---|--------------------------|
| 1. I reside in Ontario. | <input type="checkbox"/> |
| 2. I have completed the CRTC's online orientation module relating to the duties, obligations and expectations of Council and committee members. | <input type="checkbox"/> |
| 3. I am not the subject of any current or past disciplinary or incapacity proceedings by a body that governs any other profession in any jurisdiction. | <input type="checkbox"/> |
| 4. I have not been found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial review) of:
i. a criminal offence;
ii. any offence relating to the prescribing, compounding, dispensing, selling or administering of drugs; or
iii. any offence relevant to my suitability to be licensed or registered with any professional regulatory body. | <input type="checkbox"/> |
| 5. I am not an employee, director, officer, or elected member of any provincial or national professional association or special interest group related to the respiratory therapy profession (an "Elected Member" in a professional association would be a position on their executive/board). | <input type="checkbox"/> |
| 6. I am not an appointed committee Chairperson or member of a committee of any provincial or national respiratory therapy associations, such that it is reasonable to expect that a real or apparent conflict of interest may arise. | <input type="checkbox"/> |

- ### 3. COMPETENCY PROFILE

Please provide a brief description of your experience or interest in developing the following competency areas and complete the self-assessment rating using the following scale:



Please provide a brief description of your experience and/or interest in governance and fiduciary responsibilities:

- | | | | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>i. Your understanding of the structure and function of the CRTO (i.e., the CRTO mandate, professional self-regulation, the <i>Regulated Health Professions Act</i>, and other relevant legislation).</p> | <p>Self-assessment Rating (choose one <input checked="" type="checkbox"/>)</p> <table border="1"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 4 | 3 | 2 | 1 | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <p>ii. The structure & function of the CRTO Council & committees (the role of the Council and committees in accomplishing the College's mandate; the distinction between the role of Council & the roles of the Registrar and CRTO staff).</p> | <p>Self-assessment Rating (choose one <input checked="" type="checkbox"/>)</p> <table border="1"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 4 | 3 | 2 | 1 | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |

- iii. The **principles of good governance** (accountability and transparency, confidentiality and conflict of interest, right touch regulation, good faith, trust, preparedness, and participation).

Self-assessment Rating (choose one ☒)

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Financial and Organizational Oversight

Please provide a brief description of your experience and/or interest in financial and organizational oversight:

- i. **Financial management** [basic financial literacy (e.g., how to read and interpret financial statements), financial planning and budget development process, adequate financial controls].

Self-assessment Rating (choose one ☒)

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ii. **Risk Management** (risk-based regulation, identification and mitigation of organizational risk, succession planning for senior leadership).

Self-assessment Rating (choose one ☒)

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Collaborative Leadership

Please provide a brief description of your experience and/or interest in collaborative leadership:

- i. **Professionalism** (respectful of diverse backgrounds and points of view, self-reflective and committed to ongoing growth and improvement).

Self-assessment Rating (choose one ☒)

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ii. **Communication** (respectful participation in discussions, active listening, effective questioning).

Self-assessment Rating (choose one ☒)

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- iii. **Decision-making** (strategic thinking, ability to maintain objectivity).

Self-assessment Rating (choose one ☒)

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. CONFLICT OF INTEREST & RECORD OF AFFILIATIONS

A conflict of interest exists where a reasonable person could conclude that the personal or private interests of the individual Council or committee member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing their duties as a committee member. A conflict of interest may be actual, potential or perceived. For more information, please see [Schedule a of By-law 2: Council and Committees Code of Conduct and Conflict of Interest](#).

NOTE: While applicants are not prohibited from interacting or participating with professional associations or advocacy groups, it is crucial to assess these relationships and take steps to identify and manage any actual, potential or perceived conflicts.

To assist the CROTO with identifying any potential conflict of interest, please outline all the affiliations and/or memberships you have including those related to your **employment, professional affiliations, and voluntary activities**.

Start Date	End Date (if applicable)	Organization	Roles/Responsibilities

5. ADDITIONAL INFORMATION (optional)

6. SIGNATURE

APPLICANT SIGNATURE

DATE

7. SUBMITTING YOUR APPLICATION

Application Checklist:

- ☐ Completed application form
- ☐ Resume
- ☐ Copy of the email confirmation or your certificate of completion of the online orientation module relating to the duties, obligations and expectations of Council and committee members

The completed application and the supporting documentation (see above) should be emailed to officeofregistrar@crtto.on.ca or mailed to:

Office of the Registrar
College of Respiratory Therapists of Ontario
90 Adelaide Street West, Suite 300
Toronto, Ontario M5H 3V9

After you submit your application, the CROTO will contact you to confirm receipt of the application. The CROTO will then review your application and provide you with more information about the next steps in the committee appointment process.

Questions? If you have further questions, please contact the CROTO office at 1-800-261-0528 or 416-591-7800 or email us at officeofregistrar@crtto.on.ca.
