

Public Committee Appointee

Application Form

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

Note: you must complete <u>CRTO's online orientation module</u> 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. Al	PPLICANT INFORMATION						
NAME							
MAILING	MAILING ADDRESS						
PHONE I	NUMBER						
EMAIL							
2. ELI	GIBILITY DECLARATIONS (check 🗵	all that apply)					
1.	I reside in Ontario.						
2.	I have completed the CRTO's online orientation module relating to the duties, obligations and expectations of Council and committee members.						
3.	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.						
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						
	 any offence relevant to my suitability to be licensed or registered with any professional regulatory body. 						
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).						
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.						

7. I am not an elected representative, director, officer or employee of, or a party to a contractual relationship to provide services (e.g., as a consultant for the CRTO). 8. Within the last twelve (12) months, I have not been: i. an employee of the CRTO; or ii. an employee, director, officer, or elected member of a working group or committee of an organization which develops or produces "entry to practice" examinations related to the profession; or iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to my duties on the CRTO committees. 9. Within the last six (6) years, I have not been disqualified from sitting on the CRTO Council or committee. 10. Within the last six (6) years, I have not: i. had my certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding; ii. had my certificate of registration revoked as a result of a professional misconduct, incompetence or incapacity proceeding; iii. received a new certificate of registration following revocation of my certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding. 3. COMPETENCY PROFILE The CRTO's Council and Committee Competency Profile defines the knowledge, skills, judgement, attitude, and experience (i. competencies) expected of CRTO Council and Committee members. Once an individual becomes a Council or committee member, these competencies can continue to be enhanced through ongoing orientation, continuing education and profession development. 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: 4 3 2 iiih level of competence/extensive average level of competence/some experience in the competency area experience in the competency area experience in the competency area experience in the competency area.	CRTO		Publi	c Committee Appointee Applic	ation Form
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experience in the competency area experience in the competency area the competency area 1. Governance and Fiduciary Responsibilities	5	4	3	2	1
	_				•
				l fiduciary responsibilities:	
i. Your understanding of the structure and function of the CRTO (i.e., the Self-assessment Rating (choose one 🗵	i.	Vour understanding of the struct	. If we fill opto/:		
CRTO mandate, professional self-regulation, the Regulated Heath Professions Act, and other relevant legislation). 5 4 3 2				Self-assessment Rating (choo	se one 🗷)

CRTO: 90 Adelaide St. W., Suite 300, Toronto, ON, M5H 3V9 email: officeofregistrar@crto.on.ca

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).

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web: www.crto.on.ca

	. The principles of good governance (accountability and transparency,	Self-ass	Self-assessment Rating (choose one 🗷)				
	confidentiality and conflict of interest, right touch regulation, good faith, trust, preparedness, and participation).	5 	4	3	2 □	1	
2.	Financial and Organizational Oversight Please provide a brief description of your experience and/or interest in financial and org	ganizational oversight:					
	i. Financial management [basic financial literacy (e.g., how to read and	Salf ago		Dating (ab			
	 i. Financial management [basic financial literacy (e.g., how to read and interpret financial statements), financial planning and budget development process, adequate financial controls]. 	5	4	Rating (cho	2 	1	
	ii. Risk Management (risk-based regulation, identification and mitigation of	Self-assessment Rating (choose on				e K)	
	organizational risk, succession planning for senior leadership).	5	4	3	2	1 	
3.	Collaborative Leadership Please provide a brief description of your experience and/or interest in collaborative lea	dership:					
	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			
	ii. Communication (respectful participation in discussions, active listening,	Self-assessment Rating (choose one 🗷)				e X)	
	effective questioning).	5	4	3		1 	
	iii. Decision-making (strategic thinking, ability to maintain objectivity).	iii. Decision-making (strategic thinking, ability to maintain objectivity). Self-assessment Rating (choose one		e X)			
		5	4 □	3	2 □		

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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 CRTO 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. ADDITIO	NAL INFORM	ATION (optional)	
6. SIGNATI	JRE		
APPLICANT	SIGNATURE		DATE

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7. SUBMITTING YOUR APPLICATION

email us at officeofregistrar@crto.on.ca.

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@crto.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 CRTO will contact you to confirm receipt of the application. The CRTO 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 CRTO office at 1-800-261-0528 or 416-591-7800 or

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