

Application for

OFFICE USE ONLY

INACTIVE Certificate of Registration

The purpose of the Inactive Certificate is to allow Registered Respiratory Therapists (RRTs) and Practical Respiratory Therapists (PRTs) not currently practising in Ontario to maintain their CRTO membership. For example, RRTs on parental leave or those practising outside Ontario often choose to apply for the Inactive Certificate. The inactive membership does not apply to Graduate Members of the CRTO. Members who change their membership to inactive during the registration year may be eligible for a partial refund of their annual registration fee1.

or more information, please refer to th		of Registration Fact Shee	<u>.t</u> .	
1. PERSONAL / CONTACT INFORMA	TION			
FIRST NAME	SURNAME	CRTO REC	CRTO REGISTRATION NO.	
APT. NO. STREET ADDRE	ESS			
CITY	PROV.	POSTAL CODE	COUNTRY	
HOME PHONE No.	MOBILE No.	EMAIL		
2. REASON FOR YOUR APPLICATIO	N FOR AN INACTIVE (CERTIFICATE OF REGISTS	RATION (choose ONE)	
Leave of absence (academic) Moving to another province (specify):				
Leave of absence (parental)	☐ Moving to another country (specify):			
Leave of absence (medical)	☐ Working in other profession (specify):			
Retirement	Other (specify):			
Your last day of RT practice in Ont	ario was / will be (M	M/DD/YYYY):		
If applicable, please provide your a	inticipated return to	work date (MM/DD/YYY	Y):	
3. DECLARATION				
As an applicant for the Inactive	Certificate of Reg	istration, I understand	d that:	
 the following conditions will be As a Member registered with a) engage in providing did b) use my professional Recommendation c) supervise the practice d) make any claim or representations. 	n an Inactive Certific rect patient care; espiratory Therapist of the profession; o	cate of Registration, I so t title or designation; r	hall not:	
			SEE PAGE	

RECEIVED DATE

REFUND

ISSUE DATE

CRTO Application for Inactive Certificate

(DECLARATION CONTINUED) As an applicant for the Inactive Certificate of Registration, I understand that:

- 2. as an Inactive Member, I will be required to comply with all other requirements imposed on CRTO Members (e.g., annual renewal of registration, participating in the Quality Assurance Program, duty to report offences and other information, and participate in any Professional Conduct matters/requirements);
- 3. to reinstate my General/Limited Certificate of Registration, I will need to apply for reinstatement and pay the applicable registration fee;
- 4. at the time of my application for reinstatement, I may be asked to provide evidence to show that my knowledge and skills are current before my application for reinstatement can be approved²;
- 5. if I make an application for reinstatement while a professional conduct matter is ongoing, the CRTO will assess the ongoing professional conduct matter and how it relates to my ability to practice the profession with appropriate knowledge, skill and judgement.
- **6.** I am not authorized to resume RT practice until after my reinstatement application has been approved by the CRTO.

S	SIGNATURE		DATE
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SUBMITTING YOUR APPLICATION

You may submit your application by mail, fax, or email:

MAIL: College of Respiratory Therapists of Ontario (CRTO)

180 Dundas St. W., Suite 2103

Toronto, ON M5G 1Z8;

FAX: 416-591-7890

EMAIL: registrationservices@crto.on.ca

If you have any questions about the Inactive Certificate please contact our office:

PHONE: 416-591-7800 or toll free 1-800-261-0528

EMAIL: registrationservices@crto.on.ca

www.crto.on.ca

Notes

¹ Members who change their Membership to Inactive during the registration year may be eligible for a partial refund of their annual registration fee. That is, for Members who paid \$700 annual registration fee, and are changing to inactive membership:

- between March 1 and May 31 may be eligible for a \$525 refund
- between June 1 and August 31 may be eligible for a \$350 refund
- between Sept. 1 and Nov. 30 may be eligible for a \$175 refund
- between Dec. 1 and Feb. 28/9 are not eligible for a refund.

² Members who practised within two years of their applications for reinstatement meet the currency requirement. However, Members who had not practised for an extended period of time (i.e., greater than two years), will be referred to the Registration Committee. The Committee will consider the two-year currency requirement as outlined under the <u>Currency Policy</u>. The Committee may impose limitations on their certificates of registration or require them to take refresher courses or similar activities to regain currency.