



APPLICATION **for Change** to TERMS, CONDITIONS AND LIMITATIONS

CRTO Members registered with terms, conditions and limitations (TCLs) ordered by the Registration Committee may apply to have them removed or modified. An application to change TCLs should include the following:

- Completed application form;
- Letter of support from employer/supervisor (see TCL Guide – Employer Letter);
- Copies of clinical competency checklist(s) signed and dated by regulated healthcare professional(s); a minimum of 5 sign-offs per competency (see TCL Guide - clinical competency checklist template); and
- Additional supporting documentation (e.g., learning/orientation package(s), upgrading/refresher courses).

FIRST NAME	SURNAME	CRTO Registration No.
EMAIL		PHONE NUMBER

PART 1 - APPLICATION

As a Member of the CRTO Registered with a **General** **Graduate** **Limited** Certificate of Registration with terms, conditions and limitations (TCLs) imposed by the Registration Committee, I wish to apply to the Registration Committee to (select one):

- Remove all the TCLs currently imposed on my Certificate of Registration (please skip Part 2 & complete Parts 3, 4 & 5)
- Remove/modify specific TCLs currently imposed on my Certificate of Registration (please complete Parts 2, 3, 4 & 5).

PART 2 - TCLs

A. Supervision - I wish to perform the following procedures without supervision (please check all that apply):

- Prescribed procedure below the dermis - Basic**
 - Arterial, venous and capillary puncture (e.g., arterial puncture).
 - Insertion, suturing, aspiration, repositioning, manipulation and removal of an arterial cannula (e.g., arterial line insertion).
 - Insertion, suturing, aspiration, repositioning, manipulation and removal of a venous cannula (e.g., peripheral IV insertion, internal jugular vein cannulation).
- Prescribed procedure below the dermis - Advanced**
 - Manipulation or repositioning of a cannula balloon (e.g., Pulmonary Capillary Wedge Pressure)
 - Chest needle insertion, aspiration, reposition and removal
 - Chest tube insertion, aspiration, reposition and removal
 - Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing
 - Intraosseous needle insertion
 - Subcutaneous electrode placement for interoperation and perinatal fetal monitoring
- Intubation** beyond the point in the nasal passages where they normally narrow or beyond the larynx. (e.g., ETT intubation, LMA insertion)
- Suctioning** beyond the point in the nasal passages where they normally narrow or beyond the larynx

OFFICE USE ONLY						RECEIVED DATE	REVIEW DATE	NOTES
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- Administering a substance by injection or inhalation**
 - inhaled medications
 - oxygen administration
 - anesthetic and/or specialty gases
 - invasive mechanical ventilation
 - non-invasive positive pressure ventilation
 - intravascular, intramuscular, intradermal and/or sub-cutaneous injections
- Tracheostomy tubes change for a stoma that is more than 24 hours old**
- Tracheostomy tubes change for a stoma that is less than 24 hours old**

B. Other TCLs I'm applying to have the following specific TCLs currently imposed on my Certificate of Registration modified:

PART 3 - BACKGROUND INFORMATION

Briefly describe your rationale for requesting to remove/modify your TCLs (e.g., new employer, new role).

PART 4 - SUPPORTING DOCUMENTATION

Please list all documents attached to your application (e.g., letter of support from employer/supervisor, copies of clinical competency checklist(s), and additional supporting documentation).

Part 5 - DECLARATION AND AUTHORIZATION

- I **declare certify** that the statements made by me in this application are complete and correct to the best of my knowledge and belief.
- I **hereby authorize** the sources referred to on this form to release to the College of Respiratory Therapists of Ontario all information about me in the possession of the source for the purpose of CRTO registration.



SIGNATURE _____ **DATE** _____

SUBMITTING YOUR APPLICATION

Mail: CRTO, 180 Dundas St. W. Ste. 2103 Toronto, ON M5G 1Z8

FAX: 416-591-7890 Email: questions@crtto.on.ca

QUESTIONS: 416-591-7800 or toll free 1-800-261-0528, e: questions@crtto.on.ca Web: www.crtto.on.ca