



ATTESTATION FOR AS-OF-RIGHT EXEMPTION

College of Respiratory Therapists in Ontario
90 Adelaide Street West, Suite 300
Toronto, ON, N1E 3N6

The As-of-Right legislation in Ontario allows out-of-province regulated Respiratory Therapists (Inter-jurisdictional RTs) who meet specific conditions to start working in Ontario while they are completing their registration with the College of Respiratory Therapists in Ontario (Cрто).

CONDITIONS OF EXEMPTION

I, _____, have applied
[FULL NAME]
to the College of Respiratory Therapists in Ontario (Cрто) under the As-of-Right exemption for out-of-province Respiratory Therapists. I hereby affirm that I meet all the conditions outlined in the [Exemption – Restricted Titles Regulation](#) and declare the following:

1. I am registered with _____,
[NAME OF REGULATORY AUTHORITY]
and hold in that jurisdiction the equivalent of a certificate of
[REGISTRATION NUMBER]
registration in the General Class in Ontario.

There has been no finding of professional misconduct, incompetence or incapacity about or against me because of a proceeding in relation to the profession of respiratory therapy.

2. I am not the subject of any current professional misconduct, incompetence, or proceedings in relation to the profession of respiratory therapy.

I have submitted an application to the Cрто for a certificate of registration prior to providing any professional services in Ontario.

3. I have not been refused registration by any regulatory authority in a Canadian jurisdiction within the two years preceding the submission of this application.
4. I hold professional liability insurance coverage or similar protection that extends coverage to Ontario and meets the requirements as outlined in the *Respiratory Therapy Act, 1991*, and Cрто By-Law 3: Membership, section 8 Professional Liability Insurance (see: [Cрто Professional Liability Insurance Fact Sheet](#)).



5. I understand that I must use the proper title relevant to my qualifications and may only use titles recognized in Ontario that are equivalent to the title that I am registered under in my original jurisdiction.
6. I agree that I will only provide professional services to residents of Ontario while the person is physically present in Ontario.

LOSS OF EXEMPTION

I, _____, understand that I will lose my ability to
[FULL NAME]
practice respiratory therapy in Ontario under the As-of-Right exemption if any of the following occur:

1. The CRTO rejects my application for a certificate of registration before the six (6) months have elapsed since I first began providing professional services in Ontario.
2. The CRTO has not issued me a certificate of registration within the six (6) months following the day I first began providing professional services in Ontario.
3. I cease to meet any condition outlined under “Conditions of Exemption”.

I understand that if any of the conditions listed under “Loss of Exemption” apply to me, I am no longer permitted to practise respiratory therapy in Ontario under the As-of-Right exemption, and I must immediately cease to practice and cease to hold myself out as a respiratory therapist in Ontario.

Declared on this date:

Full Name:

Signature: