



# Change of INFORMATION

## CONTACT, EMPLOYMENT, EDUCATION

CRTO Members are asked to inform the CRTO of any change to the information provided during the application or registration renewal process. To update your information, complete all applicable sections and submit this form **within 30 days** of any change to your contact, employment, education or conduct information. You may also update your information online at [www.crto.on.ca](http://www.crto.on.ca).

### 1. PERSONAL DATA

FIRST NAME

SURNAME

CRTO REGISTRATION NO.

NEW\* FIRST NAME

NEW\* SURNAME

\*A name change request must be submitted in writing together with a photocopy of Marriage Certificate, Change of Name Certificate or other evidence of legal name change.

GENDER  Female  Male  Non-Binary  Prefer not to disclose

### 2. HOME ADDRESS / CONTACT INFORMATION UPDATE

N/A – NO CHANGE

APT. NO.

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

EMAIL

PHONE NUMBER

MOBILE

### 3. EMPLOYMENT STATUS UPDATE (applies to all practice sites)

N/A – NO CHANGE

Working in Respiratory Therapy in Ontario

Working in Respiratory Therapy outside of Ontario

Working outside of Respiratory Therapy but seeking Respiratory Therapy work

Working outside of Respiratory Therapy and not seeking Respiratory Therapy work

Not working but seeking Respiratory Therapy work

Not working and not seeking Respiratory Therapy work

Retired, please provide your Respiratory Therapy employment end date: (M/D/YY)

Leave of Absence:  Medical  Parental  Academic  Other: \_\_\_\_\_

Leave Start Date: (M/D/YY) \_\_\_\_\_

End Date: (M/D/YY) \_\_\_\_\_

**4. EMPLOYMENT**     PRIMARY     ADDITIONAL     N/A – NO CHANGE

EMPLOYER / BUSINESS NAME

DEPARTMENT PRACTICE SETTING TYPE (e.g., hospital)

ADDRESS

CITY PROVINCE POSTAL CODE

PHONE EXT. FAX

IMMEDIATE SUPERVISOR (Name and Title)

Employment Category     Permanent     Temporary     Casual     Self Employed

Status     Full Time     Part Time     Casual

START DATE (MM/DD/YYYY): END DATE, IF applicable (MM/DD/YYYY):

**Position Type (Choose ONE only)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Staff RT                                 | <input type="checkbox"/> Faculty (post-secondary education) | <input type="checkbox"/> Pulmonary Function RT                      |
| <input type="checkbox"/> Administrator                            | <input type="checkbox"/> CPAP Consultant                    | <input type="checkbox"/> Pulmonary Rehabilitation RT                |
| <input type="checkbox"/> Anesthesia Assistant                     | <input type="checkbox"/> Home Care RT                       | <input type="checkbox"/> Quality Management Specialist              |
| <input type="checkbox"/> Cardiac Diagnostics RT                   | <input type="checkbox"/> Hyperbaric RT                      | <input type="checkbox"/> Regulation                                 |
| <input type="checkbox"/> Cardiopulmonary Function RT / Technician | <input type="checkbox"/> Infection Control Practitioner     | <input type="checkbox"/> Researcher / Research Assistant            |
| <input type="checkbox"/> Cardiovascular Perfusionist              | <input type="checkbox"/> Manager                            | <input type="checkbox"/> Sales Representative / Clinical Specialist |
| <input type="checkbox"/> Case Manager/Co-ordinator                | <input type="checkbox"/> Organ Donation                     | <input type="checkbox"/> Simulation Technician / Educator           |
| <input type="checkbox"/> Charge Therapist/PPL/Senior RT           | <input type="checkbox"/> Owner/Operator                     | <input type="checkbox"/> Transport RT                               |
| <input type="checkbox"/> Clinical Educator/Instructor             | <input type="checkbox"/> Patient Educator/Patient Outreach  | <input type="checkbox"/> Other:                                     |
| <input type="checkbox"/> Consultant                               | <input type="checkbox"/> Patient Safety / Risk Management   |   |
| <input type="checkbox"/> Cosmetic Injector                        | <input type="checkbox"/> Polysomnography RT                 |   |

**Main Area of Practice (Choose ONE only)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acute Care                                   | <input type="checkbox"/> Emergency   | <input type="checkbox"/> Primary Care (e.g., FHT, Urgent Care Clinic) |
| <input type="checkbox"/> Administration / Management                  | <input type="checkbox"/> Family Birthing Unit / Special Care Nursery         | <input type="checkbox"/> Pulmonary Function Testing / Spirometry      |
| <input type="checkbox"/> Anesthesia / Operating Room                  | <input type="checkbox"/> Home Care / Community Care / CPAP Clinic            | <input type="checkbox"/> Quality Management                           |
| <input type="checkbox"/> Chronic Disease Prevention                   | <input type="checkbox"/> Hyperbaric  | <input type="checkbox"/> Rehabilitation                               |
| <input type="checkbox"/> Chronic / Long Term Care                     | <input type="checkbox"/> Infection Control                                   | <input type="checkbox"/> Research                                     |
| <input type="checkbox"/> Chronic Disease Prevention                   | <input type="checkbox"/> Medical Aesthetics                                  | <input type="checkbox"/> Sales / Marketing                            |
| <input type="checkbox"/> Consultation                                 | <input type="checkbox"/> Palliative Care                                     | <input type="checkbox"/> Simulation                                   |
| <input type="checkbox"/> Continuing Care                              | <input type="checkbox"/> Patient / Client Education                          | <input type="checkbox"/> Telemedicine                                 |
| <input type="checkbox"/> Critical Care                                | <input type="checkbox"/> Patient Transport (i.e., Air/Land)                  | <input type="checkbox"/> Other:                                       |
| <input type="checkbox"/> Diagnostics (e.g., Cardiopulmonary, Testing) | <input type="checkbox"/> Polysomnography                                     |   |
| <input type="checkbox"/> Education (post-secondary education)         | <input type="checkbox"/> Public Health / Immunization Clinics / Mask Fitting |   |

**Other Areas of Practice (Choose ALL that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acute Care                  | <input type="checkbox"/> Emergency                                   | <input type="checkbox"/> Primary Care (e.g. FHT, Urgent Care Clinic)         |
| <input type="checkbox"/> Administration / Management | <input type="checkbox"/> Family Birthing Unit / Special Care Nursery | <input type="checkbox"/> Public Health / Immunization Clinics / Mask Fitting |
| <input type="checkbox"/> Anesthesia / Operating Room | <input type="checkbox"/> Health Informatics                          | <input type="checkbox"/> Pulmonary Function Testing / Spirometry             |
| <input type="checkbox"/> Chronic Disease Prevention  | <input type="checkbox"/> Home Care / Community Care / CPAP Clinic    | <input type="checkbox"/> Quality Management                                  |
| <input type="checkbox"/> Chronic / Long Term Care    | <input type="checkbox"/> Hyperbaric                                  | <input type="checkbox"/> Rehabilitation                                      |

<input type="checkbox"/> Consultation	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Research
<input type="checkbox"/> Continuing Care	<input type="checkbox"/> Medical Aesthetics	<input type="checkbox"/> Sales / Marketing
<input type="checkbox"/> CPAP Care Coordinator	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Simulation
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Patient / Client Education	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Patient Transport (i.e., Air / Land)	<input type="checkbox"/> Ventilator equipment Pool
Education (post-secondary education)	<input type="checkbox"/> Polysomnography	<input type="checkbox"/> Other:

**Main Category of Patients/Clients (Choose ONE only)**

<input type="checkbox"/> All Ages	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Seniors
<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> N/A

**5. EDUCATION ■ N/A – NO CHANGE**

	Field of Study	Name of Academic Institution	Province/Country	Year of graduation
<input type="checkbox"/> Diploma				
<input type="checkbox"/> Baccalaureate				
<input type="checkbox"/> Master				
<input type="checkbox"/> Doctorate				
<input type="checkbox"/> Other				

**6. CERTIFICATIONS UPDATE ■ N/A – NO CHANGE**

Certificate Type	Year Completed



SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAIL: CRTO**  
 300-90 Adelaide ST. W.  
 TORONTO, ON M5H 3V9

**FAX: (416) 591-7890**  
**EMAIL: [registrationservices@crto.on.ca](mailto:registrationservices@crto.on.ca)**

**QUESTIONS**

If you have any questions, contact us at: Telephone 416-591-7800 or toll free 1-800-261-0528;

Email [registrationservices@crto.on.ca](mailto:registrationservices@crto.on.ca)