College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

# Application for Registration
# TWO-YEAR CURRENCY Requirement

CRTO applicants must meet a number of registration requirements including the **two-year currency** requirement. To meet this requirement applicants must:

- have **graduated** within the **two years** immediately preceding the application for registration; or
- have **practised** Respiratory Therapy within those **two years.**

From time-to-time the CRTO receives applications for registration from applicants who have been away from practising Respiratory Therapy for an extended period of time.

From a public interest perspective, it is essential that applicants for registration have **current** knowledge and level of skill required to practise safely and competently. Absence from the profession for a prolonged period of time may not only result in loss of clinical skills but also reduces exposure to new developments and evolving best practices. Because of significant changes in the field of Respiratory Therapy in recent years, individuals lacking recent Respiratory Therapy experience may require supervision, additional training and education. This is to ensure that current respiratory care standards and practices are known, understood and can be demonstrated. In some cases, applicants may be required to enroll in a full time Respiratory Therapy program to regain the currency of their Respiratory Therapy knowledge and skills.

Some applicants may need to complete the CRTO entry-to-practice competency assessment. The assessment process is based on the competencies listed in the National Competency Profile (NCP) and includes a structured interview as well as a clinical skills assessment.

**Review Process**

Applicants who do not meet the currency requirement are referred to a Registration Committee Panel for consideration. The Panel reviews these applications and looks for evidence that the applicants' knowledge and skills are current. The Panel then makes a decision on whether or not it's in the public interest to approve the application, or if the certificate of registration should be issued with terms, conditions or limitations.

When reviewing an application for registration, the Panel may take a number of factors into consideration, such as:

1. Time since last practice;
2. Nature and intensity of last practice;
3. Quality and quantity of efforts to maintain currency while not practicing;
4. The applicant's re-entry plan; and
5. Results of an entry-to-practice assessment.

The following guide was developed to help applicants prepare a submission in support of their application for registration.

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# GUIDE for preparing a submission to the Registration Committee

As a follow up to your application, please submit the following information in support of your application for registration.

**YOUR NAME:** _____ **REGISTRATION NO.** _____

## 1. EMPLOYMENT PROFILE

Provide a detailed description of your last practice, including:

**EMPLOYER NAME**

**STATUS** ☐ FULL TIME ☐ PART TIME ☐ CASUAL

**START DATE** (MM/DD/YYYY): **END DATE** (MM/DD/YYYY):

**PRACTICE SETTING** (e.g. hospital)

**AREAS OF PRACTICE** (choose all that apply)

| | |
|---|---|
| ☐ Acute Care | ☐ Infection Control |
| ☐ Administration / Management | ☐ Palliative Care |
| ☐ Anesthesia / Operating Room | ☐ Patient / Client Education |
| ☐ Chronic Disease Prevention | ☐ Patient Transport (i.e., Air/Land) |
| ☐ Chronic / Long Term Care | ☐ Polysomnography |
| ☐ Comprehensive Primary Care (e.g., FHT) | ☐ Public Health |
| ☐ Consultation | ☐ Pulmonary Function Testing |
| ☐ Continuing Care | ☐ Quality Management |
| ☐ Critical Care | ☐ Rehabilitation |
| ☐ Diagnostics | ☐ Research |
| ☐ Education (post-secondary education) | ☐ Ventilator Equipment Pool |
| ☐ Emergency | ☐ Sales |
| ☐ Home Care | ☐ Other: |

**PATIENT POPULATION** (choose all that apply):

| | | |
|---|---|---|
| ☐ All Ages | ☐ Neonatal | ☐ Seniors |
| ☐ Adult | ☐ Paediatric | ☐ N/A |

Any other information relating to your last employment you would like the Registration Committee to consider?

2. **ABSENCE FROM RT PRACTICE** Provide a brief explanation/reason for your absence from RT practice (e.g. were you working in another field?).

| From | To | Reason(s) |
|---|---|---|
| *E.g. May 2007* | *May 2014* | *Worked as a sales representative for ABC Company* |
| | | |
| | | |
| | | |

3. **REFRESHER / RE-TRAINING** Have you taken any steps toward refresher/ret-raining?
If so, list any activities you have undertaken in an effort to maintain currency while not practicing as an RT or to prepare for your return to practise.

| Course / Certification Name | Details | Completion Date |
|---|---|---|
| | | |
| | | |
| | | |

4. **FUTURE (RT) EMPLOYMENT** Do you have an offer of employment? (If yes, provide details below)

| | |
|---|---|
| **EMPLOYER NAME** | |
| **POSITION TITLE** | |
| **STATUS** ☐ FULL TIME ☐ PART TIME ☐ CASUAL | |
| **TENTATIVE START DATE** | |
| **AREA OF PRACTICE** (choose all that apply) | |
| ☐ Acute Care | ☐ Infection Control |
| ☐ Administration / Management | ☐ Palliative Care |
| ☐ Anesthesia / Operating Room | ☐ Patient / Client Education |
| ☐ Chronic Disease Prevention | ☐ Patient Transport (i.e., Air/Land) |
| ☐ Chronic / Long Term Care | ☐ Polysomnography |
| ☐ Comprehensive Primary Care (e.g., FHT) | ☐ Public Health |
| ☐ Consultation | ☐ Pulmonary Function Testing |
| ☐ Continuing Care | ☐ Quality Management |
| ☐ Critical Care | ☐ Rehabilitation |
| ☐ Diagnostics | ☐ Research |
| ☐ Education (post-secondary education) | ☐ Ventilator Equipment Pool |
| ☐ Emergency | ☐ Sales |
| ☐ Home Care | ☐ Other: |

Any other information relating to your future employment you would like the Registration Committee to consider?

## 5. ADDITIONAL INFORMATION

Is there any additional information you would like the Registration Committee to consider when reviewing your application? If so, provide details below.

**SIGNATURE:** _____ **DATE:** _____

## 6. SUPPORTING DOCUMENTATION

Please attach any documents that you would like the Registration Committee to consider in support of your application. For example:

- Letters of Reference;
- Letters of support and commitment from your future employer confirming that a refresher/re-training plan has been established and includes the required re-training, supervision and evaluation;
- Copies of clinical competency checklist(s) and/or learning package(s) to be used during the refresher/re-training process;
- Certificates of Completion for refresher/continuing education courses you completed.

## 7. SUBMITTING INFORMATION IN SUPPORT OF YOUR APPLICATION FOR REGISTRATION

**Applicants have 30 days to submit additional information to the Registration Committee. If you need more time, please contact the CRTO.**

**MAIL: CRTO, 180 Dundas St. W. Ste. 2103 Toronto, ON M5G 1Z8; FAX: 416-591-7890**

**EMAIL: walsh@crto.on.ca**

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