College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

Document REQUEST FORM

EDUCATION Program Review

This form has been developed to facilitate the release of your academic records by your academic institution. You are responsible for contacting your academic institution directly.

SECTION 1 – completed by the applicant

First Name: Middle Name(s):

Surname:

Previous Name(s) (if applicable):

Student ID Number:

I agree to allow my education program to give the information/documentation required by the College of Respiratory Therapists of Ontario for the purpose of my Education Program Review.

SIGNATURE: **DATE:**

SECTION 2 – completed by an authorized official

Note to Authorized Official: The above-named person applied for registration with the College of Respiratory Therapists of Ontario (CRTO). As part of the application review process, the CRTO will conduct a review of the applicant's education program. To help us in this process, please complete this form and provide the required information / documentation.

Name of Official Completing Form (Please type or PRINT):

Title:

Name of Institution:

Address of the Institution:

Telephone: Fax:

Email:

SIGNATURE: **DATE:**

Documents Requested:

- ☐ detailed course outlines that include how students are evaluated;
- ☐ program curriculum/syllabus (didactic and clinical components);
- ☐ information on the clinical rotations of the program including location and number of hours/weeks;
- ☐ other: _____

Information Request

Name of degree/diploma:

Language of Instruction:

Student's admission date:

Student's completion date (including clinical practice):

Number of credits transferred from previous education (if applicable):

Length of the program:

Semesters of study:

Years:

Number of credits:

How many weeks in one semester?

How many hours in one credit?

Did the clinical rotations cover the following clinical sites/practice areas:

Adult Critical Care Unit	☐ Yes	Hours:
Paediatric Critical Care Unit	☐ Yes	Hours:
Neonatal Critical Care Unit	☐ Yes	Hours:
Operating Room	☐ Yes	Hours:
Emergency/Casualty Department	☐ Yes	Hours:
General Wards	☐ Yes	Hours:
Pulmonary Function Testing Laboratory	☐ Yes	Hours:
Cardiac Diagnostics (i.e. holter, 12 Lead ECGs)	☐ Yes	Hours:
Home Care (home oxygen therapy and related equipment)	☐ Yes	Hours:
Other (provide details)		

NOTES & ADDITIONAL INFORMATION

SUBMITTING THE FORM

Send this form and the supporting documentation to:

College of Respiratory Therapists of Ontario 90 Adelaide Street West, Suite 300 Toronto, ON, M5H 3V9 Canada

CRTO Contact Information:

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