



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.

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### SECTION 1 – completed by the applicant

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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:**

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### SECTION 2 – completed by an authorized official

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**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:**

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### 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: \_\_\_\_\_
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**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  
180 Dundas Street West, Suite 2103  
Toronto, ON, M5G 1Z8  
Canada**

**CRTO Contact Information:**

**Carole Hamp RRT – Manager of Quality Practice  
tel: 416-591-7800 or toll free 1-800-261-0528 x33  
fax: 416-591-7890  
e-mail: [hamp@crtto.on.ca](mailto:hamp@crtto.on.ca) [www.crtto.on.ca](http://www.crtto.on.ca)**