



# EMPLOYMENT Verification Form

## SECTION 1

This section must be completed by the applicant and forwarded to the place of employment in the jurisdiction(s) in which you have been practising Respiratory Therapy<sup>1</sup> over the **past five years**.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
PRINT NAME EMPLOYER NAME

to provide the information requested below and any additional information requested by the College of Respiratory Therapists of Ontario (CRTO) to process my application for registration.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## SECTION 2

This section must be completed by the employer (preferably by the applicant's immediate supervisor) and forwarded directly to the CRTO within 15 days of receipt.

This is to certify that \_\_\_\_\_  
APPLICANT'S NAME

is / was employed by \_\_\_\_\_  
NAME OF EMPLOYER

APPLICANT'S POSITION TITLE: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ LAST DATE OF EMPLOYMENT (if applicable): \_\_\_\_\_

TOTAL NUMBER OF **PRACTICE HOURS** IN THE **LAST THREE YEARS** (if available): \_\_\_\_\_

1. Has the applicant been disciplined, suspended, required to resign, terminated or subjected to similar action with respect to employment or a contract of service?  Yes\*  No
2. Are you aware of any other information (e.g., court or tribunal findings, complaints) about the applicant's competence, conduct, or physical/mental capacity that could reasonably affect the applicant's ability to function as a Respiratory Therapist?  Yes\*  No

\*If the answer is "Yes", please provide additional information, including a description of the matter, relevant findings and any resulting orders/penalties.

<sup>1</sup> For more information on what is considered as practising Respiratory Therapy, please see the [Am I Practising Fact Sheet](#).

