

orders/penalties.

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 Therapy¹ over the **past five years**. hereby authorize ____ 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 No Yes* subjected to similar action with respect to employment or a contract of service? 2. Are you aware of any other information (e.g., court or tribunal findings, complaints) No Yes* about the applicant's competence, conduct, or physical/mental capacity that could reasonably affect the applicant's ability to function as a Respiratory Therapist? *If the answer is "Yes", please provide additional information, including a description of the matter, relevant findings and any resulting

¹ For more information on what is considered as practising Respiratory Therapy, please see the Am I Practising Fact Sheet.

CRTO	Employment Verification Form
ADDITIONAL INFORMATION (if applicable)	
	If not enough space, please attach additional sheet
CONTACT INFORMATION AND SIGNATURE	
NAME OF AUTHORIZED FACILITY REPRESENTATIVE	TITLE
PHONE NUMBER	EMAIL
SIGNATURE	DATE
THE FORM MUST BE SUBMITTED TO THE CRTO OFFICE BY	THE EMPLOYER
MAIL: CRTO, 90 Adelaide St. W. Ste. 300 Toronto, ON M	5H 3V9, Canada
FAX: 416-591-7890	
QUESTIONS: t: 416-591-7800 or toll free 1-800-261-0528,	email: registrationservices@crto.on.ca
web <u>www.crto.on.ca</u>	