



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Application for REINSTATEMENT for Members registered with Inactive Certificates of Registration

According to the Registration Regulation (O.Reg 596/94 Part VIII) an Inactive Member may be reissued a General or Limited Certificate of Registration if the Member satisfies the Registration Committee that he or she possesses the **current** knowledge, skill and judgment needed to practise Respiratory Therapy. Inactive Members who have practised within two years immediately preceding their application for reinstatement will by policy will generally satisfy the requirement referred in section 62(2)(c), unless the CRTO is aware of information that could reasonably indicate a concern with respect to the Member's knowledge, skill and/or judgment. At the time of reinstatement, Inactive Members (a) who have not practised in the past two years, and/or (b) if there are concerns with respect to the Member's knowledge, skills and/or judgment, your application will be referred by the Registrar to a Registration Committee Panel for consideration. For more information, please refer to the [Inactive Certificate of Registration Policy](#).

Inactive Members are not permitted to resume practice in Ontario until after their General or Limited Certificate of Registration has been reinstated by the CRTO. It may take up to eight weeks to process the application for reinstatement.

1. PERSONAL / CONTACT INFORMATION

FIRST NAME	SURNAME
CRTO REGISTRATION NO.	
APT. NO.	STREET ADDRESS
CITY	PROVINCE
POSTAL CODE	COUNTRY
PHONE NUMBER	EMAIL

2. EMPLOYMENT PROFILE

MOST RECENT EMPLOYMENT AS A RESPIRATORY THERAPIST

When did you last practise as a Respiratory Therapist? DATE (MM/DD/YYYY) NOT APPLICABLE

EMPLOYER NAME			
ADDRESS			
POSITION HELD			
EMPLOYMENT START DATE (MM/DD/YYYY)			
STATUS	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> CASUAL

PENDING RESPIRATORY THERAPY EMPLOYMENT IN ONTARIO (CHOOSE ONE OF THE FOLLOWING)

- I will be returning from a leave of absence to my previous employer (see above). Anticipated return to work date (MM/DD/YYYY)
- I will be starting new employment in Ontario (provide details on page 2). Tentative start date (MM/DD/YYYY)
- N/A I do not have pending Respiratory Therapy employment in Ontario at this time.

OFFICE USE ONLY						RECEIVED DATE	REGISTRATION FEE	REINSTATEMENT DATE
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If you have secured new Respiratory Therapy employment in Ontario (pending reinstatement), please provide the following:

EMPLOYER NAME

ADDRESS

TELEPHONE NUMBER

POSITION TITLE

SUPERVISOR'S NAME

EMPLOYMENT CATEGORY PERMANENT TEMPORARY CASUAL

STATUS FULL TIME PART TIME CASUAL

3. DECLARATION AND AUTHORIZATION

- I certify that I am covered by personal/employer professional liability insurance... I declare that I am participating in the CRTO Quality Assurance Program... I agree to notify the CRTO, in writing, within 30 days... I declare/hereby certify that the statements made by me on this form are complete and correct to the best of my knowledge and belief. I understand that making a false or misleading statement or representation to the CRTO may be considered professional misconduct under Ontario Regulation 753/93.



SIGNATURE _____

DATE _____

4. REGISTRATION FEE

The reinstatement fee for an Inactive Member is pro-rated as follows:

- \$55.00 December 2019 – February 2020
\$525.00 March 2020 – May 2020
\$362.50 June 2020 – August 2020
\$200.00 September 2020 – November 2020
\$37.50 December 2020 – February 2021

Method of Payment:

- Cheque Money Order (payable to the CRTO)
Online/Tele Banking Bank Name: _____ Trans. Date (MM/DD/YYYY) _____
(please use your CRTO registration number as the account number)
Visa Master Card

Card Number [grid] Expiry Date [grid]

SIGNATURE _____ NAME ON CARD _____

SUBMITTING YOUR APPLICATION

MAIL: CRTO, 180 Dundas St. W. Ste. 2103 Toronto, ON M5G 1Z8; FAX: 416-591-7890
QUESTIONS: t: 416-591-7800 or toll free 1-800-261-0528, e: nq@crto.on.ca web www.crto.on.ca