



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

NOTE: For the form to work properly, you must first save it on your computer and reopen it with Adobe Acrobat Reader to add information. Then resave once completed.

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 they possess the **current** knowledge, skill and judgment needed to practise Respiratory Therapy. Inactive Members who have practiced for at least **1,125 hours** within three years immediately preceding their application for reinstatement will generally satisfy the currency requirement. If the Member does not satisfy the currency requirement, or if there are concerns with respect to the Member's knowledge, skills and/or judgement, their application will be referred to the Registration Committee for consideration. For more information, please refer to the [Inactive Certificate of Registration Fact Sheet](#).

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

If applicable, please provide the total number of hours you spent practising Respiratory Therapy in the past three years:
For information on how RT practice is defined, please see the [Am I Practising Fact Sheet](#).

MOST RECENT EMPLOYMENT AS A RESPIRATORY THERAPIST NOT APPLICABLE

EMPLOYER NAME

ADDRESS

POSITION HELD

EMPLOYMENT START DATE EMPLOYMENT END DATE (if applicable)

STATUS FULL TIME PART TIME 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
- I will be starting new employment in Ontario (provide details on page 2). Tentative start date
- 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 in the amounts and coverage set out in the [CRTC's By-Law 3](#), section 6 (for more information, please see the [Professional Liability Insurance Fact Sheet](#)).

If you do not have a professional liability insurance coverage, please complete the following:

I am requesting an exemption from the Professional Liability Insurance requirement on the grounds that I am not currently engaged in the practice of Respiratory Therapy (either Inactive or non-practising), and

I have read and understood the CRTC's Professional Liability Insurance requirement as set out in the By-Laws and will obtain insurance before practising.

I **declare** that I am participating in the CRTC's [Professional Development Program](#) by maintaining my PORTfolio on an ongoing basis. It is required that all CRTC Members maintain their PORTfolios, as this condition of registration is set out in regulation.

I **agree** to notify the CRTC, in writing, within **30 days of any change(s)** to my personal, employment, and/or professional registration and conduct information.

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 CRTC 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:

\$575.00 March – May

\$225.00 September – November

\$400.00 June – August

\$50.00 December – February

Method of Payment:

Cheque Money Order (payable to the CRTC)

Online/Tele Banking Bank Name:

Trans. Date

(please use your CRTC registration number as the account number)

Visa

Master Card

Card Number

Expiry Date (MM YY)

SIGNATURE

NAME ON CARD

SUBMITTING YOUR APPLICATION

EMAIL: registrationservices@crtc.on.ca | MAIL: CRTC, 90 Adelaide St. W. St. 300 Toronto, ON M5H 3V9 | FAX: 416-591-7890

QUESTIONS: t: 416-591-7800 or toll free 1-800-261-0528, email: registrationservices@crtc.on.ca.