



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 practised within two years immediately preceding their application for reinstatement will, by policy, generally satisfy the currency requirement, unless the CRTO is aware of information that could reasonably indicate a concern with respect to the Member's knowledge, skill and/or judgment. Inactive Members who have not practised in the past two years, or if there are concerns with respect to the Member's knowledge, skills and/or judgment, will be referred to the Registration Committee for consideration. For more information, please refer to [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

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

☐ 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 (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 in the amounts and coverage set out in the section 6 of the [CROTO's By-Law 3](#).

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 Professional Liability Insurance requirements of the CROTO and will obtain insurance before practising.
- ☐ I declare that I am participating in the CROTO Quality Assurance Program by maintaining my PORTfolio on an ongoing basis. It is required that all CROTO Members maintain their PORTfolios, as this condition of registration is set out in regulation.
- ☐ I agree to notify the CROTO, 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 CROTO 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

☐ \$400.00 June – August

\$225.00 September – November

☐ \$50.00 December – February

☐ \$37.50 for December – February 23/24 year

Method of Payment:

☐ Cheque ☐ Money Order (payable to the CROTO)

☐ Online/Tele Banking Bank Name: _____ Trans. Date (MM/DD/YYYY) _____
(please use your CROTO registration number as the account number)

☐ Visa ☐ Master Card

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Card Number

Expiry Date

SIGNATURE _____ NAME ON CARD _____

SUBMITTING YOUR APPLICATION

Email: registrationservices@cрто.on.ca | MAIL: CROTO, 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: registrationservices@cрто.on.ca.