Clear Form Print

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

# NAME CHANGE Form

**The name a CRTO Member uses in his/her practice should be the name registered with the CRTO. The public has a right to know who the Members are and their qualifications. In addition, the CRTO must be able to identify a Member if needed.**

**A name change request must be submitted in writing along with a photocopy of one of the following documents:**

- ☐ **Marriage Certificate**
- ☐ **Change of Name Certificate**
- ☐ **Certificate of Divorce**

CRTO Reg. No. (if applicable)

FIRST NAME(as currently on file)

SURNAME (as currently on file)

**NEW FIRST NAME (if applicable)**

**NEW SURNAME (if applicable)**

**EMAIL**

PHONE NUMBER

**SIGNATURE** _____ **DATE** _____

**SUBMIT YOUR APPLICATION TO**:

**CRTO, 180 Dundas St. W. Suite 2103 Toronto, ON M5G 1Z8**

**FAX: 416-591-7890**

**QUESTIONS:**

**TEL: 416-591-7800 or toll free 1-800-261-0528, EMAIL: questions@crto.on.ca web www.crto.on.ca**

| OFFICE USE ONLY | | | | | | | RECEIVED DATE | CHANGE DATE | COMMENTS |
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