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 their 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 (with the supporting documentation) TO:

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

FAX: 416-591-7890 | EMAIL: questions@crto.on.ca

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