



REGISTRATION Verification Form

SECTION 1

This section is to be filled out by the APPLICANT. Once complete please forward to the regulatory body in which you are or have been registered with.

I, _____ am seeking registration in _____ and authorize
PRINT NAME PROVINCE
_____ to provide the information requested in Section 2 and any additional
REG./LICENSING BODY
information requested by the regulatory body of the jurisdiction where I am seeking registration/licensure.

APPLICANT'S SIGNATURE REGISTRATION #

TELEPHONE DATE (MM/DD/YYYY) EMAIL ADDRESS

SECTION 2

This section will be completed by the REGULATORY BODY in which you are or have been registered with. Upon completion it will be sent directly to the regulatory body of the jurisdiction with whom you are seeking registration.

I, _____ acting on behalf of _____
PRINT REGISTRAR or DESIGNATE REG./LICENSING BODY

certify that the following statements and any additional information provided are true and accurate relating to the registration history for:

APPLICANT/REGISTRANT'S NAME REGISTRATION #

Date registration held: FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

1. Does the applicant's current registration / license have any terms (orders, agreements), conditions or restrictions? (For example: as a result of a complaint / employer report, investigation, or proceeding) YES* NO

2. Is the applicant or has the applicant ever been the subject of any investigation, inquiry, or proceeding (for example, related to professional misconduct, incompetence or incapacity)? YES* NO

3. To your knowledge, has the applicant ever been found guilty of a criminal offence or an offence under the "Controlled Drug and Substances Act or the Food and Drugs Act" (Canada)? YES* NO

4. Does the applicant have any unfulfilled obligations with your organization's quality assurance program, continuing education or professional development requirements? YES* NO

5. Are you aware of any event, circumstance, condition or matter not disclosed above, relevant to the applicant's competence, conduct or physical / mental capacity that might impede the applicant's ability to function as a Respiratory Therapist? YES* NO

6. Has the applicant met the jurisdictional currency requirements? YES NO NA* _____

