



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
respiratoires de l'Ontario

# REQUEST FOR RECORDS-APPLICATION FILES **Form**

Please review the Access to Records – Application Files Factsheet to understand how requests for records of your application files will be processed. Requests for information will be determined and approved by the Registrar who may, in appropriate circumstances seek advice from the Registration Committee and legal counsel

## Identification:

To process the request, you need to provide a copy of one or more pieces of government-issued identification, which must include your signature and date of birth.

Examples of acceptable forms of identification include Driver's License, Health Card, Passport or Citizenship or a Permanent Resident Card. Other forms of identification may also be acceptable if they contain the required information.

## Timeline:

CRTO staff will attempt to provide the requested information within thirty (30) days of receiving this form and the proof of identity.

Please note that the CRTO will only be able to provide copies of the requested information in its custody and cannot provide original or certified true copies from other institutions.

DATE OF REQUEST (MM/DD/YYYY)

HOME ADDRESS:

CRTO Reg. No. (if applicable)

FIRST NAME

CITY:

PROVINCE:

SURNAME

POSTAL CODE:

PHONE NUMBER

**INFORMATION BEING REQUESTED** (Please provide detailed information on records being requested, including the type of documents, and attach additional pages if needed.)

By signing, I certify that I am seeking access to my personal information, and I understand that copies of documents received from the CRTO become my responsibility.

### RECEIVING THE INFORMATION BY:

- Mail to my home address above
- Pick up from the CRTO (a date to be confirmed with CRTO Staff)



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## SUBMIT YOUR APPLICATION (with the supporting documentation) TO:

**CRTO, 90 Adelaide St. W. Suite 300 Toronto, ON M5H 3V9**

**FAX: 416-591-7890 | EMAIL: [questions@crto.on.ca](mailto:questions@crto.on.ca)**

### QUESTIONS:

**TEL: 416-591-7800 or toll-free 1-800-261-0528, EMAIL: [questions@crto.on.ca](mailto:questions@crto.on.ca) web [www.crto.on.ca](http://www.crto.on.ca)**

OFFICE USE ONLY	RECEIVED DATE	PROCESSED DATE	COMMENTS