



APPLICATION FOR REGISTRATION

INSTRUCTIONS

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| <p>1. The requirements for registration with the College are found in the College's Registration Regulation which has been attached for your convenience.</p> <p>2. In order for this application to be processed you must:</p> <ul style="list-style-type: none"> - complete this application in full, including your signature in both areas of the Declaration and Authorization section; - enclose all applicable fees (for fees information, please refer to the back of this form); - ensure that official evidence of successful completion of your educational program (your transcripts) has been sent directly to the College from the educational institution. Unofficial evidence of successful completion of an educational program (e.g. a letter from the program director) is acceptable for recent graduates (less than 8 weeks); however, official evidence must be received within 8 weeks of completing the program. | <p>3. For an application in the General Class, ensure that official evidence of successful completion of an examination approved by the NSCRT has been sent directly to the College from the examination body.</p> <p>4. Please note that you may not hold yourself out as a "Respiratory Therapist" in the province of Nova Scotia until after your application for registration has been approved by the College (i.e. you have been issued a certificate of registration). This includes clinical orientation, supervised work (clinical and non-clinical), and volunteer work.</p> <p>5. Incomplete applications will be returned. Applicants should note that approval of an application may take up to ten weeks. If your application is denied, your registration fee will be returned and you will be advised of the reason(s) for the decision and the appeal process.</p> |
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CLASS OF REGISTRATION

Choose only one

- General:** You have successfully completed an educational program approved by the NSCRT, or an equivalent program, or the NSCRT's Prior Learning Assessment process, **and** have successfully completed an examination set or approved by the Council.
- Are you applying under the **Mutual Recognition Agreement (MRA)**? YES NO
- Graduate:** You have successfully completed an educational program approved by the NSCRT, or an equivalent program, or the NSCRT's Prior Learning Assessment process, **but have not** successfully completed the examinations set or approved by the Council.
- Program Equivalency Review / Prior Learning Assessment:** You have not completed an educational program approved by the NSCRT, or a program that is considered to be equivalent to an approved program.

PERSONAL DATA

Surname	Given Name(s)	Previous Name (if applicable)	
Address			
City	Province	Postal Code	Country
Phone		Email	
Date of Birth (DD / MM / YY)		Gender <input type="radio"/> Female <input type="radio"/> Male	

Citizenship Status Documentation verifying your citizenship status must accompany this application form.

- Canadian Citizen Permanent Resident/Landed Immigrant of Canada Authorized under the Immigration Act

LANGUAGE PROFICIENCY

If your first language and your language of RT instruction is not English or French, documentation of fluency in either language is required.

First Language: English French Other (specify) :

Language of RT Training: English French Other (specify) :

Preferred Language of Correspondence from the College: English French

Will you be able to provide professional services in: English French Other (specify) :
(Check all that apply)

RESPIRATORY THERAPY EDUCATION

Name / Address of Institution	Degree/Diploma/Certificate Obtained	Year Started	Year Completed

OTHER POST SECONDARY EDUCATION

Name / Address of Institution	Degree/Diploma/Certificate Obtained	Year Started	Year Completed

PROFESSIONAL REGISTRATION AND CONDUCT

Please complete the attached Registration / Licensure Data Verification Form to support your status or registration with a regulatory / licensing organization.

Regulatory/Licensing Body	Province / State	Country	Reg./License No.	Date Registration Held	
				From	To

If your answer is YES to any of the following questions, you MUST provide full particulars on a separate sheet of paper and attach to this form.

- Have you previously applied for registration **or** have you previously been registered with the Nova Scotia College of Respiratory Therapists? YES NO
- Have you been found guilty of a criminal offence in Canada or in any jurisdiction outside Canada? YES NO
- Have you been disciplined, suspended, required to resign or terminated, from employment as a health professional for unprofessional behavior, misconduct, incapacity, incompetence, negligence or disciplinary action? YES NO
- Have you been the subject of any professional misconduct, incompetence or incapacity proceeding by any health profession licensing or registration body? YES NO
- Have you ever had your certificate of registration or license suspended, removed or revoked by any professional licensing or registration body? YES NO
- Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions relevant to your competence, conduct or physical or mental capacity that might be an impediment to your ability to function as a Respiratory Therapist? YES NO

EMPLOYMENT

Please note that beginning any Respiratory Therapy employment (in Nova Scotia), including clinical orientation, prior to being issued a certificate of registration by the College is in contravention of the *Respiratory Therapy Act* and may impact on the approval of your application.

1. Have you ever been "engaged in the practice" (see definitions) of Respiratory Therapy in any jurisdiction at any time? If your answer is "YES", please provide a detailed employment history, including name(s) and address(es) of organization(s), dates of employment or volunteering and a list of duties performed and job titles, on a separate sheet of paper and attach to this form. YES NO

2. Are you currently employed / Have you recently been offered a position as a Respiratory Therapist? If your answer is "YES", please complete the following Employment Data section: YES NO

Employment Data

For additional Respiratory Therapy related employment please use a separate sheet of paper and attach to this form.

Proposed Start Date	Employer Name	
Division / Site/ Campus	Address	
City	Province	Postal Code
Phone	Ext.	Fax
Department	Name and Title of Manager/Supervisor	

Employer Type <input type="radio"/> Community Service <input type="radio"/> Manufacturer/ Distributor <input type="radio"/> Consulting Firm <input type="radio"/> Regulating Body <input type="radio"/> Educational Institution <input type="radio"/> Private Lab/Clinic <input type="radio"/> Government <input type="radio"/> Professional Association <input type="radio"/> Hospital <input type="radio"/> Rehab. Hosp/Facility <input type="radio"/> Home Care Company <input type="radio"/> Research Facility <input type="radio"/> Long Term Care Hosp/Fac. <input type="radio"/> Other:		Employment Status <input type="radio"/> Full Time Permanent <input type="radio"/> Full Time Temporary <input type="radio"/> Part Time <input type="radio"/> Casual Employment Category <input type="radio"/> Employee <input type="radio"/> Self-employed Position Title 	
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Please describe briefly what your job duties will be and / or the area in which you will practice.
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DECLARATION AND AUTHORIZATION

I declare/hereby certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief. **I understand** that a false or misleading statement or representation may be cause for revocation of my certificate of registration with the College. **I agree** to notify the College, in writing, within 30 days, of any change(s) to the information contained on this form, including personal data, employment status and professional registration and conduct information. **I understand** that as a Member of the College I will be required to provide the College with satisfactory evidence of professional liability insurance coverage in the amounts and coverage set out in the policies of the College.

SIGNATURE DATE

I hereby authorize the sources referred to on this form to release to the College of Respiratory Therapists of NOVA SCOTIA all information about me in the possession of the source for the purpose of College registration.

SIGNATURE DATE

FEES

In order for your application to be processed you must enclose all applicable fees.

- **Application fee:** \$75.00. The application fee is **non-refundable**
- **Registration fee:** The College registration year runs from April 1 to the end of March. For applicants who have never been registered with the College, registration fees are prorated on a quarterly basis, as follows:

\$400.00 as of April 1st

\$300.00 as of July 1st

\$200.00 as of October 1st

\$100.00 as of January 1st

Former members returning to the College are required to pay the full registration fee of \$400.00 regardless of the month in which the application is made.

Fees enclosed: \$75.00 + \$ _____ **Total: \$** _____

Method of Payment:

Money Order Cheque (payable to the NSCRT)

Visa Master Card For credit card payment, please complete section below

Card Number:

Expiry Date:

Name on Card

Total Amount Authorized

\$

SIGNATURE

SUBMITTING YOUR APPLICATION

Only original application forms will be accepted by the College. **Faxed application forms are not accepted.** Incomplete applications will be returned to the applicant. When submitting your application, you must include the completed Application for Registration Form, all supporting documentation (please refer to the application checklist) and all applicable fees.

NSCRT Mailing Address

Nova Scotia College of Respiratory Therapists

Suite 700, 6009 Quinpool Rd, P.O. Box 9410, Station A, Halifax, Nova Scotia, B3K 5S3

NSCRT Contact Information

telephone: 902-425-2445

e-mail: registrar@rtsns.com

web site: www.NSCRT.com

DEFINITIONS

Casual: Any position without guaranteed hours

Engaged in the practice:

- provide direct patient care within the scope of practice of the profession;
- act as an administrator, supervisor or educator in the field of health care;
- sell products or services related to respiratory therapy; provide consultations for respiratory care and related care, equipment and services; or
- conduct research related to respiratory therapy.

Former Names: All former names, e.g. maiden, married, given, surname

Full Time: Any position with at least 1820 designated hours

Part Time: Any position with guaranteed paid hours that are less than 1820 per year

Self-Employed: Includes sole proprietorship, partnership or controlling interest in the business

FOR OFFICE USE ONLY

Date Application Form Received:

Date Payment Received:

Total Payment Received:

Authorization Number:

Initial:

Date Application Approved:

SIGNATURE