



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.

1. Have you previously applied for registration **or** have you previously been registered with the Nova Scotia College of Respiratory Therapists? YES NO
2. Have you been found guilty of a criminal offence in Canada or in any jurisdiction outside Canada? YES NO
New Applicants are required to submit a current "Criminal Background Check" with their application.
3. 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
4. Have you been the subject of any professional misconduct, incompetence or incapacity proceeding by any health profession licensing or registration body? YES NO
5. Have you ever had your certificate of registration or license suspended, removed or revoked by any professional licensing or registration body? YES NO
6. 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 |
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Position Title

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

