



**The National Alliance of
Respiratory Therapy Regulatory Bodies**

**L'Alliance nationale des organismes de
réglementation de la thérapie respiratoire**

JURISDICTIONAL 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 REG./LICENSING BODY

to provide the information requested In Section 2 and any additional information requested by the regulatory body of the jurisdiction where I am seeking registration/licensure.

APPLICANT'S SIGNATURE REGISTRATION #

EMAIL ADDRESS TELEPHONE DATE MM/DD/YY

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/YY TO MM/DD/YY

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



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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**

If the answer is “Yes” to statements 1 - 5, please provide additional information, including a description of the matter, relevant findings, and any resulting orders/penalties.

REGISTRAR OR DESIGNATE SIGNATURE

DATE

TITLE

Upon completion of Section 2, please forward to appropriate jurisdiction:

CARTA	bryan.buell@carta.ca
CRTO	hamp@crto.on.ca
MARRT	registrar@marrt.org
NBART	registrar@nbart.org
NLCHP	alice.kennedy@nlchp.ca
NSCRT	registrar@nscrt.com
OPIQ	dg@opiq.qc.ca
SCRT	gail.sarkany@scrt.ca

