



The National Alliance of
Respiratory Therapy Regulatory Bodies

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

STATEMENT OF PROFESSIONAL STANDING

SECTION A: Consent to Release Information

This section is to be completed by the APPLICANT and sent to EACH regulatory body where they are currently or have ever been registered as a Respiratory Therapist. **Please note:** A separate form must be completed for each regulatory body where you have practiced as an RT.

First Name

Last Name

Current Registration Number

Date of Authorization (MM/DD/YYYY)

Phone Number

Email Address

I _____ am seeking registration in _____
(PRINT NAME) (PROVINCE)

I hereby consent to and authorize _____
(NAME OF CURRENT/PREVIOUS REGULATORY BODY)

to share information of the jurisdiction where I am seeking registration. I understand this means that full disclosure will be made of all the information known to the regulator pertaining to my registration, including, but not limited to, details regarding:

- Registration, membership, or licensure with any other regulatory body
- Registration number(s), category of registration, and registration status
- Suspension or revocation, including the reason for such
- Terms, conditions, or limitations on a certificate of registration that were previously imposed and/or are currently in effect
- Current or previous allegations, proceedings and/or findings of professional misconduct, incompetence, incapacity, or similar issue
- Charges and findings of guilt (such as under the *Criminal Code of Canada* or the *Controlled Drugs and Substances Act*)
- Formal complaints or investigations, including those that have yet to be resolved
- Other information regarding my professional conduct that my current or previous regulator believes may be relevant to my application for registration including:
 - compliance with registration requirements,
 - compliance with quality assurance programs or continuing competence requirements, and
 - outstanding dues or other unfulfilled obligations.

Applicant's Signature

DATE (MM/DD/YYYY)

SECTION B: Applicant's History

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 currently have/did they previously have terms, restrictions, conditions, or limitations on their certificate of registration/license or has their certificate of registration/license ever been suspended or revoked for any reason?

YES NO

If YES, please provide details below.

2. Is the applicant currently or have they previously been the subject of a formal complaint, report, investigation, discipline, and/or fitness to practice/capacity inquiry?

YES NO N/A

If YES, please provide details below.

3. Has the applicant ever been charged with or have they ever been found guilty of an offence in any jurisdiction or country regardless of the penalty imposed (e.g., under the *Criminal Code of Canada*, or the *Controlled Drug & Substances Act*)?

YES NO

If YES, please provide details below.

4. Is the applicant currently non-compliant or have they previously been non-compliant with any registration requirements (e.g., currency, maintaining practice hours, professional liability insurance, etc.)?

YES NO

If YES, please provide details below.

5. Does this applicant have any outstanding or other unfulfilled obligations to your organization (e.g., fees, fines, costs, quality assurance program/continuing competence requirements)?

YES NO

If YES, please provide details below.

6. Are you aware of any other event, circumstance, condition, or matter not disclosed above that you believe may be relevant to the applicant's competence, conduct, professionalism or physical/mental capacity that might impede the applicant's ability to function safely and ethically as a Respiratory Therapist?

YES NO

If YES, please provide details below.

REGISTRAR OR DESIGNATE NAME (please PRINT)

REGISTRAR OR DESIGNATE SIGNATURE

DATE (MM/DD/YYYY)

Upon completion of Section B, please forward the form to the appropriate jurisdiction.

CRTA	registrar.rrtalberta@gmail.com	NLCHP	alice.kennedy@nlchp.ca
CRTO	hamp@crto.on.ca	NSCRT	registrar@nscrt.com
MARRT	edregistrar@marrt.org	OPIQ	dg@opiq.qc.ca
NBART	registrar@nbart.org	SCRT	gail.sarkany@scrt.ca

Please note that respiratory therapy is not currently a regulated health profession in the province of British Columbia (BC). You may be required to provide additional information from your current or former employer if at any time you worked as a respiratory therapist in BC. Contact the regulatory body in the province where you are applying for licensure for further details.