



Nova Scotia College of Respiratory Therapists

DECLARATION AND AUTHORIZATION

I declare, and hereby certify, that the statements made in this application are complete and correct to the best of my knowledge and belief.

I hereby authorize the sources referred to on this form to release to the Nova Scotia College of Respiratory Therapists all information about me in their possession for the purpose of registration / licensing.

I consent to the Nova Scotia College of Respiratory Therapists providing this information to a respiratory therapy program for the purpose of my application to that program.

Signed in _____ on this ____ day of _____, 20 ____

Name of Applicant (Printed)

Signature of Applicant

Name of Witness (Printed)

Signature of Witness