



Registration Verification Form

Section 1

This section must be completed by the applicant and forwarded to the regulatory body/ professional association in the jurisdiction(s) in which you have been registered as a respiratory therapist or in any other health profession.

_____ hereby authorize _____
Print Name Name of Registration / Licensing Board

To provide the information requested below and any additional information requested by the L'Ordre Professionnel des Inhalothérapeutes du Québec in order to process my application for registration.

Applicant's Signature Date

Applicant's Phone No. Applicant's Registration No.

Section 2

This section must be completed by the regulatory body / professional association and forwarded directly to the OPIQ.

_____ the Registrar/Secretary acting on behalf of the
Name of Registrar /Secretary

_____ certify that the following are true statements relating to
Name of the Organization

the registration record for _____
Applicant's name Registration # Date Registration held

1. Does the applicant have any terms conditions or limitations placed on his/her registration/license to practice ? Yes No
2. Is the applicant, or has the applicant ever been, the subject of professional misconduct, incompetence or incapacity proceedings ? Yes No
3. To your knowledge, has applicant ever been found guilty of a criminal offence or an offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) ? Yes No
4. Are you aware of event, circumstance, condition or matter not disclosed above, relevant to the applicant's competence, conduct or physical or mental capacity, that might be an impediment to the applicant's ability to function as a Respiratory Therapist ? Yes No

* If the answer is "Yes" to any of the above, please provide additional information, including a description of matter, relevant findings and any resulting orders/penalties ?

Signature Date