

# 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 requested by the l'Ordre professionnel des inhalothérapeutes du Québec in order to process my application for registration.

\_\_\_\_\_ Date  
Applicant's signature

\_\_\_\_\_ Applicant's registration number  
Applicant's phone number

## 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 the registration record for \_\_\_\_\_  
Applicant's name Registration number 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 ?

\_\_\_\_\_ Date  
Signature