



**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	<a href="mailto:bryan.buell@carta.ca">bryan.buell@carta.ca</a>
CRTO	<a href="mailto:taylor@crto.on.ca">taylor@crto.on.ca</a>
MARRT	<a href="mailto:registrar@marrt.org">registrar@marrt.org</a>
NBART	<a href="mailto:registrar@nbart.ca">registrar@nbart.ca</a>
NLCHP	<a href="mailto:alice.kennedy@nlchp.ca">alice.kennedy@nlchp.ca</a>
NSCRT	<a href="mailto:registrar@nscrt.com">registrar@nscrt.com</a>
OPIQ	<a href="mailto:dg@opiq.qc.ca">dg@opiq.qc.ca</a>
SCRT	<a href="mailto:win.haines@scrt.ca">win.haines@scrt.ca</a>

