



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 \_\_\_\_\_  
PRINT NAME PROVINCE

and authorize the \_\_\_\_\_ to provide the information requested In Section  
REG./LICENSING BODY

2 and any additional information requested by the regulatory body of the jurisdiction where I am seeking registration/licensure.

\_\_\_\_\_  
APPLICANT'S SIGNATURE LICENSE #

\_\_\_\_\_  
EMAIL ADDRESS TELEPHONE DATE DD/MM/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 \_\_\_\_\_  
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 LICENSE #

Date registration held: \_\_\_\_\_  
FROM DD/MM/YY TO DD/MM/YY



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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
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

D/MM/YY

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.org">registrar@nbart.org</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>

REGULATORY  
BODY'S SEAL