



# STATEMENT OF PROFESSIONAL STANDING

## SECTION A: CONSENT TO RELEASE INFORMATION

This section is to be completed by the CRTO Member (or former Member) requesting the Statement of Professional Standing.

Once Section A is completed, please send the form to the CRTO's Registration Department at [registrationservices@crtto.on.ca](mailto:registrationservices@crtto.on.ca)

The CRTO will complete Section B of the form and send it to the organization listed in Section A2 below.

### 1. MEMBER CONTACT INFORMATION

FIRST NAME:

LAST NAME:

REGISTRATION NUMBER:

PHONE NUMBER:

EMAIL:

I would like a copy of the Statement of Professional Standing emailed to me for my own information and records.  YES  NO

### 2. REGULATORY/LICENSING ORGANIZATION TO RECEIVE THE STATEMENT OF PROFESSIONAL STANDING

A separate form must be completed for each regulatory body requesting the Statement of Professional Standing

ORGANIZATION NAME:

RECIPIENT NAME & TITLE:

PHONE NUMBER:

EMAIL\*:

\* The Statement of Professional Standing will be sent by email in a PDF format unless requested otherwise (see below).

**If the organization listed above requires that the Statement of Professional Conduct be submitted by mail, please provide the address information below.**

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

COUNTRY:



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### 3. CONSENT TO RELEASE INFORMATION

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I, \_\_\_\_\_ hereby consent to and authorize the CRYPTO  
PRINT NAME

to share information with the organization listed in Section A2 above. I understand this means that full disclosure will be made of all the information known to the CRYPTO pertaining to my registration, including, but not limited to, details regarding:

- Registration number(s), category of registration, and registration status
- Terms, conditions, or limitations on a certificate of registration that were previously imposed and/or are currently in effect
- Suspension or revocation, including the reason for such
- Current or previous allegations, proceedings and/or findings of professional misconduct, incompetence, incapacity, or similar issue
- Charges and findings of guilt (such as under the *Criminal Code of Canada or the Controlled Drugs and Substances Act*)
- Formal complaints or investigations, including those that have yet to be resolved
- Registration, membership, or licensure with any other regulatory body
- Other information regarding my professional conduct that the CRYPTO believes may be relevant to my application for registration with the other regulatory body, including:
  - compliance with registration requirements,
  - compliance with quality assurance programs or continuing competence requirements, and
  - outstanding dues or other unfulfilled obligations.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

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Please send the form to the CRYPTO's Registration Department at [registrationservices@crto.on.ca](mailto:registrationservices@crto.on.ca)

The CRYPTO will complete Section B (see next page) and send it to the organization listed in Section A2 above.

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## SECTION B: STATEMENT OF PROFESSIONAL STANDING

This section will be completed by the CRTO. Upon completion, the form will be sent directly to the regulatory/licensing organization listed in Section A2 above.

I, \_\_\_\_\_ acting on behalf of the **CRTO** certify that the  
PRINT (REGISTRAR or DESIGNATE)

following statements and any additional information provided are true and accurate relating to the professional standing and registration history for:

MEMBER'S NAME

REGISTRATION NUMBER

DATE REGISTRATION HELD:

FROM (DD/MM/YY)

TO (DD/MM/YY)

1. Does the individual named above currently have/previously had terms, restrictions, conditions, or limitations on their certificate of registration/license?

YES (If YES, please provide details below).

NO

2. Does the individual named above currently have/previously had their certificate of registration/license suspended or revoked?

YES (If YES, please provide details below)

NO

3. Is the individual named above currently or have they previously been the subject of a formal complaint, report, investigation, discipline, and/or fitness to practice/capacity inquiry?

YES (If YES, please provide details below)

NO

N/A



4. To your knowledge, has the individual named above ever been charged with, or have they ever been found guilty of an offence in any jurisdiction or country regardless of the penalty imposed (e.g., under the *Criminal Code of Canada* or the *Controlled Drug & Substances Act*)?

YES (If YES, please provide details below)

NO

5. Does the individual named above have any outstanding or other unfulfilled obligations to the CRTO (e.g., fees, fines, costs, quality assurance program/continuing competence or currency requirements)?

YES (If YES, please provide details below)

NO

6. To your knowledge, is the individual named above currently or have they previously been registered/licensed to practice with any other regulatory body?

YES (If YES, please provide details below)

NO

7. Are you aware of any other event, circumstance, condition, or matter not disclosed above that you believe may be relevant to the individual's named above competence, conduct, professionalism or physical/mental capacity that might impede their ability to function safely and ethically as a Respiratory Therapist?

YES (If YES, please provide details below)

NO

\_\_\_\_\_  
REGISTRAR OR DESIGNATE NAME (please PRINT)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
REGISTRAR OR DESIGNATE SIGNATURE