

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.

I, _____ hereby authorize _____
PRINT Name Name of Regulatory Body / Professional Association

to provide the information requested below and any additional information requested by the Saskatchewan College of Respiratory Therapists in order to process my application for registration.

Applicant's Signature

Date

Applicant's Phone No.

Applicant's Registration No. / License No.

Section 2

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

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

_____ certify that the following are true statements relating to the
Name of Regulatory Body/Professional Association

registration record for: _____ to _____
Applicant's Name Registration / License No. Dates Registration Held

1. Does the applicant have any terms, conditions or limitations placed on his/her registration/license to practise? 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 the 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 any 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 the matter, relevant findings, and any resulting orders/penalties.**

Signature

Date

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