



Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's NL A1E 1T1
709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

Respiratory Therapist Registration Form (Initial)

PLEASE PRINT

A. PERSONAL INFORMATION

1. Name: _____ Gender: M F
Last Name/First Name/Initial

Mailing: _____
Address Street PO Box City / Town Province Postal Code

Phone Number: Home () _____ Mobile () _____

Email Address: _____
(to be used for communications from the Council)

Date of Birth: _____
Day Month Year

2. Are you a Canadian citizen? Yes No

If no, please provide documentation to support ability to work in Canada

3. Was your training as a health professional in English? Yes No

If no, please provide certified documentation of completed scores in the International English Language Testing System (IELTS) or the Test of English as a Foreign Language (TOEFL).

If you currently document your patient records in a language other than English, please ATTACH a written plan as to how you will communicate the content of the record to the patient or other third party as required.



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B. EMPLOYMENT INFORMATION

1. Are you currently employed as a Registered Respiratory Therapist (RRT)? Yes No

If yes, please complete the following section:

Employer:

- Central Health Site: _____
- Eastern Health Site: _____
- Labrador-Grenfell Health Site: _____
- Western Health Site: _____
- Other, see below: _____

Employer: _____ Phone: _____

Address: _____
 Street/ PO Box City/Town Prov. Postal Code

2. Are you employed anywhere else in the profession for which you are applying? Yes No

If yes, please complete the following section:

Secondary Place of Employment: _____

Address: _____
 Street PO Box City / Town Province Postal Code

Phone Number: Work () _____

Job/Position Title: _____

Number of years in this position: _____

3. Are you currently, or have you ever been, registered or licensed to practice your health profession in another jurisdiction? Yes No

If yes, please provide the following details:

Jurisdiction: _____ Date of Initial Registration: _____
 Province (D/M/Y)

Currently Registered: _____ Regulatory Body: _____



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If you have been registered in more than one jurisdiction, please attach on a separate sheet the information requested in question 3.

Please note that a letter of good standing is required from each jurisdiction in which you are currently or HAVE EVER been registered. This letter must confirm whether or not you are in good standing as well as whether or not you have ever been the subject of investigative or disciplinary proceedings and the particulars of those proceedings. Please arrange for this letter to be sent directly to the Newfoundland and Labrador Council of Health Professionals (NLCHP) Registrar from the other jurisdiction.

C. CONSENT TO RELEASE OF INFORMATION

It may be necessary for the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application. By signing the following consent statement, you agree that the NLCHP may perform these activities. The NLCHP will not access additional information about you unless it is necessary to do so in order to process or assess your registration application. Additionally, as maintaining membership in the Newfoundland and Labrador College of Respiratory Therapists (NLCRT), the NLCHP may be required to use information on file to confirm membership in NLCRT.

Consent Statement:

I, _____ provide my consent to the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact any individual, company, or institution to access and/or obtain any personal information about me that the NLCHP may require to process or assess my registration application. I further provide my consent to any individual, company, or institution to release my personal information to the NLCHP in response to a request for information from the NLCHP.

Date: _____

Signature: _____

Please indicate by checking Yes or No, if you are willing for NLCHP to release your name and address including email address.

Institutions conducting research Yes No

Canadian Society of Respiratory Therapists Yes No



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D. INSURANCE

The Health Professions Act requires all health professionals registered under the Act to maintain a professional liability insurance policy. Registrants must maintain professional liability for the full registration year.

Your insurer: _____

Policy number: (if applicable): _____

Date on which current policy expires: _____

Respiratory Therapists minimum \$ 2,000,000

E. REGISTRATION CATEGORY

Please complete only the registration category section that applies to you:

1. **General Status:** You have completed a Respiratory Therapy Education Program approved by the Newfoundland and Labrador College of Respiratory Therapy (College) and must have passed the registration exam approved by the Collage.
2. **General Status (Temporary):** You have completed a Respiratory Therapy Program approved by the College and have either written the Respiratory Therapy registration examination and not yet received your results or you are currently registered to write the Respiratory Therapy registration examination.
3. **Non-Practicing Status:** You have completed a Respiratory Therapy Program approved by the College and have passed the registration exam approved by the College but you do not engage in the practice of Respiratory Therapy.

On-Line Jurisprudence and Personal Health Information Act (PHIA) Education Courses:

Individuals applying for initial registration are required to complete (3) on-line education modules within 90 days prior to receipt of application. On-line modules can be accessed on the NLCHP website: www.nlchp.ca, under Education/Resources tab.

Education modules to be completed are Jurisprudence Education for Respiratory Therapists and the Newfoundland and Labrador's Personal Health Information Act (PHIA) education courses: (a) Custodian-Direct Contact with Personal Health Information and (b) Direct Contact with Personal Health Information. You are required to submit certificates of completion with your application.



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*Please note this is a mandatory requirement of all initial registrations, see **Policy – Registration Process and Timelines** (www.nlchp.ca/members/policies).*

1. GENERAL STATUS

Educational institution attended:

Institution name: _____

Address: _____

Program completed: _____

Year graduated: _____

When did you pass the Respiratory Therapist certification examination or equivalent exam approved by the NLCRT (College)? _____

(D/M/Y)

If you graduated more than four years ago you are required to provide a letter from your employer confirming that you have practiced respiratory therapy for at least 1500 hours over the past four years or proof of successful completion of a refresher or re-entry program approved by the Newfoundland and Labrador College of Respiratory Therapy (NLCRT) within the past four years.

Please ensure the following documents, where applicable, have been included with your application:

- Letter from your employer confirming that you have practiced respiratory therapy for at least 1500 hours in the past four years. If you are self-employed, please visit www.nlchp.ca section registration / regulations for the policy on employment documentation. (Required only for applicants that graduated more than four years prior to the date of application.)
- Certified copy of your diploma verifying that you have graduated from an accredited respiratory therapy program and a certified copy of a document to indicate passing the CSRT registration exam
- If you were or had been registered/licensed to practice respiratory therapy in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent **DIRECTLY** to the NLCHP Registrar from the other jurisdiction(s).

The Registrar
Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road
St. John's, NL A1E 1T1

- On-line Jurisprudence and PHIA education certificates of completion.



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2. GENERAL STATUS (TEMPORARY)

Educational institution attended:

Institution name: _____

Address: _____

Program completed: _____

Year graduated: _____

Have you written the CSRT respiratory therapist certification examination or equivalent exam approved by the College? Yes No

If yes, on what date did you write the examination? _____
(D/M/Y)

If no, on what date are you scheduled to write the examination? _____
(D/M/Y)

Please Note:

General Status (Temporary) registrants **MUST** be supervised/ mentored as a condition of registration. Prior to commencing employment the registrant will be contacted by NLCHP. The Registrar will work with the registrant and the designated employer to confirm a practice supervisor prior to approval of your registration.

Employer: _____ Anticipated start date: _____

Please ensure that you have included with your application:

- Certified copy of graduation from an accredited program in respiratory therapy.
- On-line Jurisprudence and PHIA education certificates of completion.



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3. NON PRACTICING STATUS

Educational institution attended:

Institution name: _____

Address: _____

Program completed: _____

Year graduated: _____

Please ensure the following documents, where applicable, have been included with your application:

- Letter from your employer confirming that you have practiced respiratory therapy for at least 1500 hours in the past four years. If you are self-employed, please visit www.nlchp.ca section registration / regulations for the policy on employment documentation. (Required only for applicants that graduated more than four years prior to the date of application.)
- Certified copies of CSRT respiratory therapist certification certificate or equivalent.
- Certified copy of your diploma verifying that you have graduated from an accredited respiratory therapy program and a certified copy of a document to indicate passing the CSRT registration exam;
- If you are currently or have been registered/licensed to practice respiratory therapy in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent DIRECTLY to the NLCHP Registrar from the other jurisdiction(s).

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- On-line Jurisprudence and PHIA education certificates of completion.



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F. FEES (REGISTRATION-MEMBERSHIP YEAR- APRIL 1-MARCH 31)

Newfoundland and Labrador College of Respiratory Therapists (NLCRT)

- NLCRT \$139.00
- Non-Practicing Status \$65.00

Registration Fees for the NLCHP are as follows:

- Initial processing fee \$60
- Annual Council registration fee \$350.00
- Non-Practicing registration fee \$75.00

Processing a returned (NSF) cheque \$50.00
 Issuing a duplicate copy of any certificate or receipt \$25.00

Make a cheque or money order for both fees payable to Newfoundland and Labrador Council of Health Professionals (NLCHP).

I have included a cheque money order for the sum of \$ _____

Payment by Credit Card for the sum of \$ _____ VISA MasterCard
 Card Number _____
 Exp. Date _____

Cardholder Name: _____

I hereby authorize payment to the Newfoundland and Labrador Council of Health Professionals.
 Signed: _____

Applications received without payments and/or credit card information will not be processed until payment is received.

G. OTHER REQUIRED INFORMATION

Please ensure that the following documents are included with your application:

- Criminal Record Check (***dated within 90 days of application***)
- Vulnerable Sector Check (***dated within 90 days of application***)
- Certified copy of government issued photo identification (Driver's license or passport)
- Cheque or Money Order for fees made **payable to NLCHP**
- Proof of liability insurance



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H. DECLARATION AND SIGNATURE

The following declaration must be completed by all applicants:

I hereby apply for registration under the *Health Professions Act* and I declare that the information I have provided is true and correct.

Signature: _____

Date: _____

The following declaration must be completed by Non-Practicing Status applicants only:

I hereby confirm that I will not practice Respiratory Therapy in Newfoundland and Labrador as long as I am registered with a Non-Practicing Status.

Signature: _____

Date: _____