



## CHARACTER DECLARATION

Please complete and forward to:

### REGISTRAR

College and Association of Respiratory Therapists of Alberta  
#370, 6715 - 8th Street N. E-  
Calgary, Alberta T2E 7H7

**Fax # (403) 274-9703**

### Application for Registration as a Registered Respiratory Therapist

**Applicant:** \_\_\_\_\_

I have known the person named above for \_\_\_\_\_ years in the following capacity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I solemnly declare that I am not related to the person named above and that I believe that this person is of good character and reputation.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_