

Courtesy Register Information and  
Application Form

# Respiratory Therapists

*here for you  
when you  
need us most*



College & Association of  
**Respiratory  
Therapists**  
of Alberta  
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## Registered Respiratory Therapists Courtesy Register

Section 7(1)(b) of the *Respiratory Therapists Profession Regulation* (the Regulation) specifies that the Registrar may register applicants who satisfy him/her that they have the necessary qualifications and competencies to carry out the purpose for which registration is required. A regulated member who is registered on the courtesy register may practice only in accordance with any conditions specified by the Registrar.

The council of the College and Association of Respiratory Therapists of Alberta has decided that courtesy register applicants will not be charged an application or registration fee and a courtesy registration may not exceed six months and will expire on midnight **September 30, 2020**. This expiration date will be subject to re-assessment of the pandemic situation as determined by the Chief Provincial Medical Officer for Public Health.

The purpose of the courtesy register is to provide employer flexibility to deploy personnel in a variety of practice areas and provide sufficient assurance that the courtesy registered personnel have some health care experience and are sufficiently informed in the services they are expected to provide to patients. The following are the levels of courtesy registration to be issued for purposes of responding to the pandemic infection.

The following are the categories of the courtesy register, Certified Respiratory Therapist 1, 2 and 3. The following information describes the qualifications criteria, competencies and health services that the persons are able to perform with supervision and the conditions on their practice permit.

### **Application and Registration Fees\No Guarantee of Employment**

There are no application or registration fees to be placed on the Courtesy Register. Please note anyone issued a Courtesy Registration is NOT guaranteed employment by any employer in Alberta.

### **Application Processing**

Processing of the application will be based on need indicated to the regulatory body by employers. **You must submit all information electronically as email attachments not by fax or as photos taken with your mobile phone.** Send email to the Registrar at [Bryan.Buell@carta.ca](mailto:Bryan.Buell@carta.ca).

The following information describes the levels of authorization on the Courtesy Register. Please identify the level that closest aligns with your qualifications, education and work experience.

## **Certified Respiratory Therapist One**

### **Qualifications:**

1. A credentialed respiratory therapist in another jurisdiction who is not eligible for registration pursuant with the Regulation;
2. A retired former regulated member who has not practiced for ten years or more;
3. A student currently enrolled in the refresher program at the Northern Alberta Institute of Technology;
4. A second-year respiratory therapy student enrolled in a council approved education program;
5. Demonstrates knowledge of case definition of pandemic influenza, anti-viral medications and supportive therapy.

### **Competencies/Health Services Authorized to Perform**

1. Assesses signs and symptoms of COVID-19 infection;
2. Assesses vital signs including determination of oxygen saturations using pulse oximetry;
3. Performs patient respiratory assessment;
4. Performs basic cardio-pulmonary life support;
5. Perform infection prevention control practices;
6. Administers simple oxygen therapy by nasal cannula or simple oxygen mask using compressed gases;
7. Perform simple spirometry at patient bedside;
8. Performs three and twelve lead electrocardiogram recordings;
9. Documents services provided and findings of any assessments;
10. Provides additional services requested by the employer and approved by the Registrar.

### **Conditions on the Practice Permit**

1. Cannot perform restricted activities;
2. Requires direct supervision by a regulated member;
3. May provide services to adult patients only.

## **Certified Respiratory Therapist Two**

### **Qualifications:**

1. A respiratory therapist previously registered in another jurisdiction who has retired or not renewed their registration in the last 5 to 10 years;
2. A previous regulated member who has retired or not renewed their registration in the last 5 to 10 years;
3. Is currently enrolled in a refresher program at the Northern Alberta Institute of Technology;

4. Demonstrates knowledge of case definition of pandemic influenza, anti-viral medications and supportive therapy.

### **Competencies/Health Services Authorized to Perform**

1. Assesses signs and symptoms of COVID-19 infection;
2. Assesses vital signs including determination of oxygen saturations using pulse oximetry;
3. Performs patient respiratory assessment;
4. Performs basic cardio-pulmonary life support;
5. Perform infection prevention control practices;
6. Administers simple oxygen therapy by nasal cannula, simple oxygen mask and high flow devices using compressed gases;
7. Perform simple spirometry at patient bedside;
8. Performs three and twelve lead electrocardiogram recordings;
9. Performs Blood Gas analysis;
10. Documents services provided and findings of any assessments;
11. Performs transport of non-ventilated patients within health care facility
12. Provides additional services requested by the employer and approved by the Registrar.

### **Conditions on the Practice Permit**

1. Cannot perform restricted activities;
2. Requires direct supervision by a regulated member;
3. May provide services to adult patients only.

### **Certified Respiratory Therapist Three**

#### **Qualifications:**

1. A respiratory therapist previously registered in another jurisdiction who has retired or not renewed registration within 5 years;
2. A student enrolled in the clinical component of the refresher program;
3. Demonstrates knowledge of case definition of pandemic influenza, anti-viral medications and supportive therapy.

### **Competencies/Health Services Authorized to Perform-**

1. Assesses signs and symptoms of influenza;
2. Assesses vital signs including oxygen saturations using pulse oximetry;
3. Performs cardio-pulmonary systems patient assessment;
4. Performs basic cardio-pulmonary life-support;
5. Performs infection prevention and control practices;
6. Performs oxygen therapy using cannula, simple oxygen mask and high flow devices;
7. Performs simple spirometry at patient bedside;

8. Performs blood gas procurement, analysis and interpretation for accuracy;
9. Performs ventilator management, mode selection and patient monitoring;
10. Performs mechanically ventilated patient weaning trials;
11. Provides manual ventilation;
12. Instructs patients on inhaled medication devices;
13. Performs three and twelve lead electrocardiogram recordings;
14. Performs transport of non-ventilated patients within a healthcare facility;
15. May perform basic restricted activities in section 17 of the regulation;
16. Provides additional services requested by the employer and approved by the Registrar.

**Practice Permit Conditions:**

1. Requires supervision by a regulated member and
2. May provide services to adult with indirect and remote supervision and may provide services to pediatric or neonatal patients with direct supervision.



College and  
Association of  
Respiratory  
Therapists of Alberta

**Application for Courtesy Register of the College and Association of Respiratory Therapists of Alberta**

<b>Personal Information</b>	
First Name:	
Middle initial:	
Last Name:	
Gender:	Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> _____
<b>Address</b>	
City/Town:	
Province/State:	
Postal/Zip Code:	
Country:	
<b>Contact</b>	
Home telephone:	_____
Cellular Phone:	_____
Personal email:	
Business telephone:	

Please email completed application to [bryan.buell@carta.ca](mailto:bryan.buell@carta.ca)

Business facsimile:
Business email:
Emergency Contact Name & Telephone:
<b>Employer Contact</b>
Employer Name:
Employer Address:
Employer City/town:
Employer Province/State
Employer Postal/Zip Code:
Employer e-mail address:

Please email completed application to [bryan.buell@carta.ca](mailto:bryan.buell@carta.ca)

**Level of Courtesy Registration requested for Covid19 pandemic response purposes (select one only)**

- Certified Respiratory Therapist One
- Certified Respiratory Therapist Two
- Certified Respiratory Therapist Three



## Legal Declarations

*I declare the following:*

1. *I have read understand and agree to fully comply with the*
  - a. *Standards of practice,*
  - b. *Code of Ethics ,*
  - c. *bylaws of the corporation,*
  - d. *Respiratory Therapists Profession Regulation*
  - e. *Health Professions Act and*
  - f. *any other legislation pertaining to the professional practice of registered respiratory therapists in Alberta.*
  - g. *I have a minimum \$2,000,000 OR my employer is providing with a minimum of \$2,000,000 professional liability insurance to respond to damages to compensate patients for damages associated with unskilled practice,*
  - h. *English is my original language of communication.*
2. *Furthermore, I declare the following:*
  - a. *I have not been diagnosed with COVID-19 viral infection,*
  - b. *I am not suspected to be infected with COVID-19 viral infection,*
  - c. *I have not been convicted of any criminal offense by any competent jurisdiction,*
  - d. *I am not currently under investigation by police or any other regulatory authority,*
  - e. *I have not been disciplined for unprofessional conduct by any other regulatory authority.*
3. *All information provided on this application form is honest, accurate, and true.*

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020

Please send completed application to:

[Bryan.Buell@carta.ca](mailto:Bryan.Buell@carta.ca) (scanned copy attached to file only)

or

Fax 403-274-9703