



College and Association of Respiratory Therapists of Alberta

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Attestation

I hereby declare that I have read, understand, and agree to fully comply with the **Health Professions Act, Respiratory Therapists Profession Regulation**, related Standards of Practice, Code of Ethics, professional practice guidelines, continuing competency rules, bylaws of the College and Association of Respiratory Therapists of Alberta (CARTA) and other related legislation pertaining to the respiratory therapy profession.

I understand that making a false declaration or misleading statement on this attestation may be considered unprofessional conduct as defined by the **Health Professions Act s 1(pp)**.

Dated this ____ (day) of the _____ (month) 20__.

Applicant

Witness

Signature

Signature

Print Name

Print Name