



**College and Association  
of Respiratory Therapists  
of Alberta**

Suite # 218, 6715 - 8<sup>th</sup> Street N.E.  
Calgary, Alberta T2E 7H7

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## Character Declaration

For application as a Registered Respiratory Therapist in Alberta.

Applicant

Information:

\_\_\_\_\_

First name

\_\_\_\_\_

Last Name

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 this person is of good character<sup>1</sup> and reputation.

Name

\_\_\_\_\_

First name

\_\_\_\_\_

Last Name

Address

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

Daytime Phone  
Number

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Print name

<sup>1</sup> People who are considered to have good character will have traits like integrity, honesty, courage, loyalty, fortitude, and other important virtues that promote good behavior. These character traits define who they are as people and highly influence the decisions they make in their personal and professional lives.



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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 also declare that all of the information in whole or any part provided to the College and Association of Respiratory Therapists of Alberta on my application for registration and all supporting documentation is accurate and true.

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 \_\_\_\_\_, 20 \_\_\_\_.

**Applicant**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

**Witness**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name