



Informational Guide for Domestic Applicants

Introduction

The government of Alberta passed [Bill 11 Fair Registration Practices Act](#) in 2019 which requires professional regulatory organizations to ensure that their registration practices are transparent, objective, impartial and fair. The new legislation also addresses timely decisions, responses and reasons in section 6 of the *Act*.

Your application is between you and the College. This means that you must complete the applications and supply all required documentation to the College including your transcripts. The college can only accept transcripts that are in a sealed envelope delivered in person or through the mail directly from the school Registrar's office.

Background (Jurisprudence)

First Steps	Enabling Legislation
<p>Registration with CARTA is mandatory. It is illegal to work as respiratory therapist in Alberta without first registering with CARTA.</p>	<p>Health Professions Act Mandatory registration 46(1) A person must apply for registration if the person (a) meets the requirements of section 28(2) for registration as a regulated member, and (b) intends to provide one or more of the following: (i) professional services directly to the public; (iv) the teaching of the practice of a regulated profession to regulated members or students of the regulated profession;¹</p>
<p>You are eligible to apply for registration with CARTA under <i>Section 6(1)(b)</i> Once you have successfully completed the CARTA Council approved examination and given evidence of that success to the CARTA office you will be placed general register. The placement of the provisional register is valid for only 1 year from the date of issuance.</p>	<p>Respiratory Therapists Profession Regulation Provisional register 6(1) An applicant for registration as a regulated member may be registered on the provisional register if the applicant (a) is qualified to practise respiratory therapy in another jurisdiction and the applicant’s competencies are being assessed under section 5, (b) has fulfilled the registration requirements set out in section 3 but has not completed the registration examination referred to in section 3(1)(b), or (c) is enrolled in a refresher program in respiratory therapy approved by the Council for the purpose of completing the registration requirements referred to in section 3(2)(b). (2) A regulated member registered on the provisional register may practise only while under the supervision of a regulated member registered on the general register or under the supervision of another regulated health professional approved by the Registrar. (3) A registration on the provisional register is valid for one year.</p>

¹ Section 46z(1) *Health Professions Act*

	<p>(4) Despite subsection (3), the Registrar may extend a registration on the provisional register beyond one year if the Registrar is of the opinion that extenuating circumstances exist.</p> <p>(5) If a regulated member registered on the provisional register meets the registration requirements set out in section 3, the Registrar must remove the regulated member's name from the provisional register and enter it on the general register.²</p>
<p>Employers are prohibited hiring a person to provide services as a respiratory therapist unless they are regulated with CARTA. <u>Before</u> being employed you are responsible for providing your practice permit to the employer.</p>	<p>Health Professions Act Prohibition</p> <p>47(1) No person shall knowingly employ a person who meets the requirements of section 46(1)(a) to provide services described in section 46(1)(b) unless that employed person is</p> <p>(a) a regulated member, or</p> <p>(b) authorized to provide the services pursuant to another enactment.</p> <p>(2) A person who meets the requirements of section 46(1)(a) and who is to be employed to provide services described in section 46(1)(b) must,</p> <p>(a) before being so employed, provide the employer with evidence of</p> <p>(i) a practice permit in good standing, or</p> <p>(ii) an authorization to provide the services pursuant to another enactment,</p>

English Language Assessment

<p>Communicating proficiently in the English Language is essential for safe practice in Alberta's healthcare system and as such it is the first point to begin assessment. The vast majority of</p>	<p>Respiratory Therapists Profession Regulation English language requirements</p> <p>10(1) An applicant for registration as a regulated member must be reasonably proficient in English to be able to engage safely and competently in the practice of respiratory therapy.</p> <p>(2) An applicant may be required by the Registrar to demonstrate</p>
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² Respiratory Therapists Professional Regulation Section 6

patients in Alberta expect their healthcare to be delivered to them using the English language.

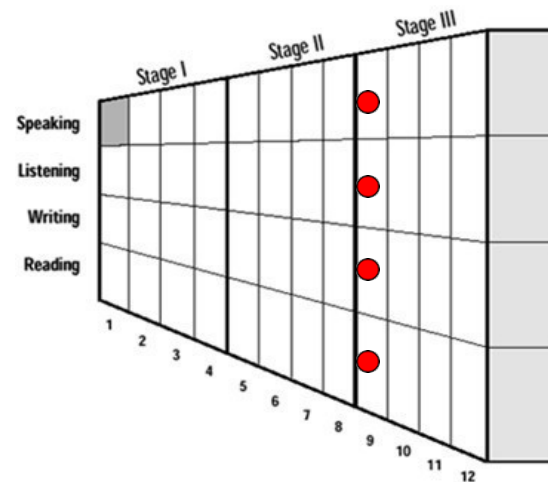
Given the nature of the work of respiratory therapists and the little margin for error that exists in their practice, being fluent in the English language for reading, writing, speaking and listening is essential for your immediate and future career success.

CARTA recognizes the Canadian Language Benchmarks English Language reports only. There are no validated equivalencies to any other English language proficiency assessment and as such we do not recognize any other language assessment service. It is recommended that you participate in the free online self-assessment service offered by the Canadian Language Benchmarks (CLB). Visit <http://www.language.ca/home/> for general information and to participate in a free online self-assessment of your language skills visit <https://clb-osa.ca/home>.

CARTA highly recommends that you attempt to achieve level 9 in all of the four essential communication skills (Speaking, Listening, Writing, Reading). This will help you achieve a high level of conversation skills as well as to understand any textbooks or lectures that may be required in any upgrading respiratory therapy education that may be required or when writing the approved entry to practice examination as prescribed by the examination corporation Canadian Board for Respiratory Care. All domestic applicants from Canada are held to the same standards.

proficiency in the English language in accordance with the requirements approved by the Council.

Schematic Structure of the Canadian Language Benchmarks



Calgary

[Immigrant Services Calgary](#)

Edmonton

[Catholic Social Services Language Assessment](#)

If you require additional English language education and training or need to have your language proficiency assessed; you can access the Enhanced Language Training Proficiency Assessment (ELTPA).
Contact either of the following agencies in Alberta to have your integrated language skills.

Required Documentation³ to be Submitted to CARTA (See appendix 1 for checklist)

1. Immediately upon completion of the online application and payment of the application fee, you will receive an email that clearly outlines the required documentation you must supply to CARTA to complete your application. As a recent graduate you must supply:
2. Evidence of successful completion of the approved education program (e.g. academic transcript from the institution or copy of your diploma/degree);
3. Submit a Police Information with Vulnerable Sector Check (Criminal Records Check must be less than 60 days old);

Health Professions Act
Application for registration

- 28(1)** An application for registration as a regulated member is complete for the purpose of consideration under section 29(3) if it is in the required form and given to the registrar by the applicant along with
- (a) evidence of meeting the requirements for competence in the practice of the profession as required by subsection (2),
 - (b) the application fee provided for in the bylaws,
 - (c) evidence of having the amount and type of professional liability insurance, if required by the regulations,
 - (d) evidence of being a Canadian citizen or a person lawfully permitted to work in Canada, if required by the regulations,
 - (e) evidence of having good character and reputation, if required by the regulations,

³ The required documentation is the evidence that CARTA requires to satisfy all of the legal tests contained in the *Regulation* to issue a provisional practice permit.

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4. Two executed and dated character declarations by individuals who know you to be worthy of public trust and are not related to you in any way;
 5. Evidence of identity by providing any copy of Government issued identity (e.g. driver's license or passport photo page);
 6. Evidence of a minimum of \$2 million dollars liability insurance coverage (e.g. copy of your liability insurance certificate) or If applicable a copy of your offer of employment letter from an Alberta employer who provides liability insurance coverage (e.g. offer from Alberta Health Services, Covenant Health Group or equivalent);
 7. A [notarized Attestation](#) declaring that you 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.
 8. A copy of your Canadian Language Benchmark (CLB) results using the Enhanced Language Training Proficiency Assessment (ELTPA) if applicable. Applicants whose first language is English are exempt from this requirement.

- (f) evidence of meeting standards of language proficiency, if required by the regulations,
- (g) information required by the registrar under section 33(4)(b),
- (h) a criminal record check,
- (i) evidence of whether the applicant is currently an investigated person under this Act or the equivalent of an investigated person in another jurisdiction,
- (j) any information required by the registrar respecting whether any conduct of the applicant has previously constituted unprofessional conduct,
- (k) evidence of whether the applicant has ever had conditions imposed on the applicant's practice permit or equivalent, and
- (l) evidence as to whether there has ever been a judgment in a civil action against the applicant with respect to the applicant's practice.

<p>All documents may be sent electronically EXCEPT transcripts and criminal records check. Electronic copies must be attached, not embedded in the email body and legible. CARTA will request replacements for all documents that do not meet the required standard, and this will delay your application</p>	
<p>9. Registration verification form (if you have been registered as a Respiratory Therapist in another jurisdiction, or in any other health profession). Form is located in the Appendix 4.</p>	

<h2>On-line Application (start)</h2>	<p>If you answer yes to any of the questions 1-6 you are required to provide full particulars on separate correspondence with the Registrar immediately</p>
<ol style="list-style-type: none"> 1. Since your application have you been found guilty of a criminal offense in Canada or any other jurisdiction outside of Canada? You must report findings even if they resulted in a discharge or pardon; 2. Since your application has there ever been a judgement in a civil action against you with respect to your professional practice? 3. Have you been found guilty of an offense under the Controlled Substances Act or Food and Drug Act in Canada? You must report findings even if they resulted in a discharge or pardon; 4. Have you been disciplined, suspended, required to resign, terminated or subjected to similar action in respect to employment or a contract of service? 5. Have you ever had any conditions, restrictions or limitations placed on your practice permit? 	<ol style="list-style-type: none"> 1. The required documentation will be a Criminal Records Check that is less than 60 days old. Please end an original copy to the CARTA office. If you have been convicted of a criminal offense you will need to contact the Registrar and you will be required to submit copies of the court decision. 2. You only have to report a “yes” to this question if the suit relates to your professional practice as a health care provider. This likely will not apply to you as a new graduate. 3. The required documentation will be a Criminal Records Check that is less than 60 days old. Contact the Registrar if this is the case. 4. You only have to report a “yes” to this question if the suit relates to your professional practice as a health care provider. This likely will not apply to you as a new graduate. 5. You only have to report a “yes” to this question if the suit relates to your professional practice as a health care provider. This likely will not apply to you as a new graduate.

<p>6. Have you been the subject of any investigation or any professional misconduct, incompetence, incapacity or other similar proceeding(s), finding by any other professional licensing or regulatory body other than CARTA?</p>	<p>6. You only have to report a “yes” to this question if the suit relates to your professional practice as a health care provider. This likely will not apply to you as a new graduate.</p>
	<p>If you answer no to any of the following questions you must contact the Registrar immediately and receive further instructions on how to apply for registration.</p>
<p>7. Do you certify that have personal or employer liability insurance coverage in the amount of coverage required by the Council of a minimum of \$2,000,000 (2 million dollars) to compensate patients and/or their families for any damages in whole or in part associated with unskilled professional practice?</p>	<p>7. For CARTA to register a member they must have liability insurance in the required amount. A Provisional permit cannot be issued without proof of insurance. Liability insurance can be purchased by the individual or supplied by the employer. A copy of the insurance certificate or an offer letter from an employer who provides liability insurance for employees must be provided to the CARTA.</p>
<p>8. Do you hereby declare that you 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 corporation and other related legislation pertaining to the profession?</p>	<p>8. By answering YES to this question, you are agreeing to follow the requirements and abide by all regulations. Violating these could constitute “unprofessional conduct” as defined in the Health Professions Act and subject the member to professional discipline.</p>

<p>9. Do you also hereby declare that all statements you make with respect to this application for registration are true and complete to the best of your knowledge and belief?</p> <p>10. Do you hereby understand that making a false declaration or misleading statement on this application may be considered unprofessional conduct as defined by the Health Professions Act?</p>	<p>9. By answering yes to this question, you are attesting to the truthfulness of your responses.</p> <p>10. Making a false or misleading statement could subject you to professional discipline or invalidate your application.</p>
<p><input type="checkbox"/> By clicking on this box, I clearly understand, that making a false declaration or misleading statement on this application may be considered unprofessional conduct as defined by the Health Professions Act. I am also giving my consent to receive all correspondence from CARTA electronically.</p>	<p>Making a false or misleading statement could subject you to professional discipline or invalidate your application. Additionally, you are consenting to receive CARTA emails.</p> <p>To use the online process, you MUST agree to electronic communication. The alternative would be a paper process that takes much longer.</p>

STEP 1

Online Application

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7

Application Process >> Step 1 of 7 - Your information

* indicates a mandatory field

* Please select Membership Type:

- Recent Graduate **\$100.00** Application Fee Only
- 2019 Experienced Applicant **\$100.00** Application Fee Only

You've selected new graduate member type. Please state the institute and your graduation year.

* Graduating Year (YYYY):

As you are not a new graduate (< 6 months after graduation) select the Experienced Applicant option.

Enter the year you graduated

* Educational Institution

Council Approved Programs:

My school is not in this list

Use the drop-down menu and select the school you have graduated from or will graduate from. The initial list is a list of CARTA Council approved schools. Select the “**My school is not in this list**” option.

Substantial Equivalency:

My school is not in this list either

Choosing the “**My school is not in this list**” option will open another drop-down menu. Select the school you graduated from. If it is not in the list, select the “**My school is not in this list either**” and add the name of your school in the box provided.

Enter your first name, initial and last name

* First Name:

Middle Initial:

* Last Name:

Maiden Name:
or previous surnames. Please separate names by a comma if there is more than one

* Gender:

* Date of Birth:
DD/MM/YYYY

Enter your first name, middle initial, and last name exactly as they appear on the government issued identification.

Please ensure that all information uses the correct case (see examples). This is how your name will appear on your provisional permit.

Incorrect submissions will delay your application as they must be corrected prior to approval.

If you have a maiden name enter it now.

Select your gender. If you do not identify as male or female choose other.

STEP 2

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7

Application Process >> Step 2 of 7 - Additional Information

* indicates a mandatory field

* Where do you live? Canada USA Outside Canada and USA

* Are you moving from another province? Yes No, I live in Alberta

Back

Next

Select your place of residence at the time of your application.

STEP 3

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7

Application Process >> Step 3 of 7 - Contact Information

* indicates a mandatory field

* Email Address:	<input type="text" value="example@carta.ca"/>
* Confirm Email:	<input type="text" value="example@carta.ca"/>
* Mailing Address:	<input type="text" value="123 Anywhere Street"/>
* City / Town:	<input type="text" value="Calmonton"/>
* Province:	<input type="text" value="Alberta"/>
* Country:	<input type="text" value="Canada"/>
* Postal Code:	<input type="text" value="T3K 4C2"/>
Mobile Phone:	<input type="text" value="404.254.8976"/>
* Business Phone:	<input type="text" value="780.000.0000"/>
Business Fax:	<input type="text" value="780.000.0000"/>
* Home Phone:	<input type="text" value="404.254.8976"/>
Home Fax:	<input type="text" value="780.000.0000"/>
* Emergency Phone:	<input type="text" value="404.241.6589"/>
* Emergency Contact:	<input type="text" value="Bob Raduate"/>

Back

Next

Please ensure that all information uses the correct case (see examples). This is how your address will appear in our database. This information is used to send you CARTA communications.

Incorrect submissions will delay your application as they must be corrected prior to approval.

STEP 4

Online Application

Step 1 Step 2 Step 3 **Step 4** Step 5 Step 6 Step 7

Application Process >> Step 4 of 7 - Employment Information

* indicates a mandatory field

* Employment Status: FullTime PartTime Unemployed Casual

* Employment Sector: Public Independant

* Employer Name:

* Manager Name:

* Manager Email:

* Confirm Manager Email:

* Employer Address:

* City:

* Province:

* Country:

* Postal Code:

Back

Next

Please ensure that all information uses the correct case. This is how your employment information will appear in our database. This information is used to meet legislative requirements.

Incorrect submissions will delay your application as they must be corrected prior to approval.

STEP 5

*Is English your first language? |

yes no

Languages:

- Cantonese
- English
- French
- Italian
- Mandarin
- Spanish
- Ukrainian
- Other (please specify)

Other (please specify, separate by a comma if more than one):

As a applicant you only need to answer the question “* Is English your first “language?”

Identify any other languages you can speak.

Please ensure that all information uses the correct case and spelling. This is how your language information will appear in our database. This information is used to meet legislative requirements.

Incorrect submissions will delay your application as they must be corrected prior to approval.

STEP 6

Edit and review entered data.

Review your submissions and edit information as required. **Incorrect submissions will delay your application as they must be corrected prior to approval.**

STEP 7

Online Application

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7

Application Process >> Step 7 of 7 - Payment

Payment Summary

Recent Graduate: \$225.00
You will only be charged with Application Fee for now.
Recent Graduate invoice will be sent to you after your application is approved

Application Fee: \$100.00
GST: \$0.00
Total: \$100.00



Payment

Card Type:

Name on Card:

Card Number:

Card Expiry:

CVV Number:

Back

Submit

Complete the required information to pay your sees. Only **Mastercard and Visa credit cards** can be used. Visa debit cards are not compatible with our current payment portal.

Appendix 1 Documentation Checklist

Applicants please provide the following:

<input type="checkbox"/>	1. Evidence of successful completion of the approved education program (e.g. academic transcript from the institution or copy of your diploma/degree);
<input type="checkbox"/>	2. Submit a Police Information Check with Vulnerable Sector Check.
<input type="checkbox"/>	3. Two executed and dated character declarations by individuals who know you to be worthy of public trust and are not related to you in any way. See attachment for character declaration;
<input type="checkbox"/>	4. Completed Attestation that has been signed by you and a witness and then notarized.
<input type="checkbox"/>	5. Evidence of identity by providing any copy of Government issued identity (e.g. driver's license or passport photo page);
<input type="checkbox"/>	6. A detailed description of your continuing competency activities if applicable;
<input type="checkbox"/>	7. Evidence of a minimum of \$2 million dollars liability insurance coverage (e.g. copy of your liability insurance certificate) or If applicable a copy of your offer of employment letter from an Alberta employer who provides liability insurance coverage (e.g. offer from Alberta Health Services, Covenant Health Group or equivalent);
<input type="checkbox"/>	8. A copy of your Canadian Language Benchmark (CLB) results using the Enhanced Language Training Proficiency Assessment (ELTPA) if applicable (NB: we only recognize the CLB results using the ELTPA, there is no equivalent to this assessment recognized by the regulatory body). Applicants whose first language is English are exempt from this legislative requirement.
<input type="checkbox"/>	9. Completed Registration Verification form if you are an experienced Practitioner.

Appendix 4 Registration Verification



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

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

Telephone 403-274-1828
Toll Free 1-800-205-2778
Fax 403-274-9703
www.carta.ca

Jurisdictional Registration Verification Form

SECTION 1

This section is to be filled out by the **APPLICANT**. Once complete please forward to the regulatory body in which you are or have been registered with.

I, _____ am seeking registration in Alberta and authorize _____
PRINT NAME

PROVINCE/State

REG./LICENSING BODY

to provide the information requested in Section 2 and any additional information requested by the regulatory body of the jurisdiction where I am seeking registration/licensure.

APPLICANT'S SIGNATURE

REGISTRATION #

EMAIL ADDRESS

TELEPHONE

DATE MM/DD/YY

SECTION 2

This section will be completed by the **REGULATORY BODY** that you are or have been registered with. Upon completion it will be sent directly to the College and Association of Respiratory Therapists of Alberta with whom you are seeking registration.

I, _____ acting on behalf of _____
PRINT REGISTRAR or DESIGNATE REG./LICENSING BODY

certify that the following statements and any additional information provided are true and accurate relating to the registration history for:

APPLICANT/REGISTRANT'S NAME

REGISTRATION #

Date registration held: _____
FROM MM/DD/YY TO MM/DD/YY

1. Does the applicant's current registration / license have any terms (orders, agreements), conditions or restrictions? (for example: as a result of a complaint / employer report, investigation, or proceeding) YES NO

2. Is the applicant or has the applicant ever been the subject of any investigation, inquiry, or proceeding (for example, related to professional misconduct, incompetence or incapacity)? YES NO

3. To your knowledge, has the applicant ever been found guilty of a criminal offence or an offence under the "Controlled Drug and Substances Act or the Food and Drugs Act" (Canada)? YES NO

4. Does the applicant have any unfulfilled obligations with your organization's quality assurance program, continuing education or professional development requirements? YES NO

5. Are you aware of any event, circumstance, condition or matter not disclosed above, relevant to the applicant's competence, conduct or physical / mental capacity that might impede the applicant's ability to function as a Respiratory Therapist? YES NO

6. Has the applicant met the jurisdictional currency requirements? YES NO NA

7. Has the applicant been found guilty of unprofessional conduct for sexual abuse or sexual misconduct of their patient? YES NO

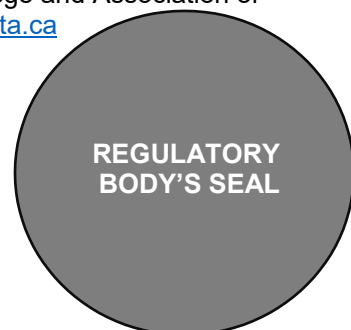
If the answer is "Yes" to statements 1 – 5 or 7, please provide additional information, including a description of the matter, relevant findings and any resulting orders/penalties.

REGISTRAR OR DESIGNATE SIGNATURE _____

DATE _____

TITLE

Upon completion of Section 2 please forward to the registrar of the College and Association of Respiratory Therapists of Alberta Fax 403-274-9703 or bryan.buell@carta.ca





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

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

Telephone: (403) 274-1828 • (403) 274-1829 • 1-800-205-2778 • Fax (403) 274-9703
Email: bryan.buell@carta.ca • www.carta.ca

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



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of Respiratory Therapists
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Calgary, Alberta T2E 7H7

Telephone: (403) 274-1828 • (403) 274-1829 • 1-800-205-2778 • Fax (403) 274-9703
Email: bryan.buell@carta.ca • www.carta.ca

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 character¹ and reputation.

Name

First name

Last Name

Address

Daytime Phone
Number

Signature

Print name

¹ 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.