



**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

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.



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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



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

