



Nova Scotia College of Respiratory Therapists

Policy Handbook

Section 3 – Membership and Licensure

Approved February 2013

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Section Three: Membership

3.1 Registration and Fees

Policy Statement:

All individuals engaged in the practice of Respiratory Therapy in the province must be registered with the Nova Scotia College of Respiratory Therapists (NSCRT or the College) and comply with the NSCRT Act, Regulations, By-Laws and Policies to receive a licence to practice. Licensing fees and renewal fees are set by the NSCRT Board at the Fall General Meeting of the NSCRT.

3.1.1 Requirements for Registration

1. Complete the Application for Registration Form (Appendix A) and submit the original copy to the NSCRT.
2. Attach a resume including all previous employment as a Respiratory Therapist.
3. Provide proof of graduation from a respiratory therapy educational program approved by the NSCRT. Proof must be an official letter on the letterhead of the educational institution that is sent directly from the institution to the college or transcripts.; or
4. Provide proof of having graduated from a program that qualifies the applicant to be a respiratory therapist in the jurisdiction of the program and have completed a competency assessment approved by Credentials Committee;
5. Provide proof of successful completion of the respiratory therapists entry to practice exam approved by the NSCRT Board. Recent graduates from Canadian respiratory therapy educational programs may qualify for a temporary graduate licence until they successfully complete the exam as outlined in the temporary graduate licence category.
6. Applicants who have worked in another jurisdiction must provide proof of employment from the most recent employer that includes, hours worked annually and a statement of good conduct during the time of employment.
7. If previously licensed in another jurisdiction(s), the applicant must provide proof of registration from the jurisdiction(s). The Registration Verification Form is found as (Appendix B).

8. Applicants who have worked in a non-regulated jurisdiction must provide proof of membership in the CSRT to register under the 2010 Agreement for Registration of Respiratory Therapists from Unregulated Jurisdictions.
9. Applicants who are working in an unregulated jurisdiction and are not a member of the CSRT may apply by completing steps 1 to 5.
10. Applicants who identify that English is not their first language or language of RT education, must demonstrate proficiency in the English language. The NSCRT accepts the findings from the National Alliance of Respiratory Therapy Regulatory Bodies 2012 study “Establishing Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy”. The recommended Canadian Language Benchmark (CLB) English language proficiency requirements for the effective practice of Respiratory Therapy in Nova Scotia are as follows.

Overall CLB:	8
Listening CLB:	9
Speaking CLB:	8
Reading CLB:	8
Writing CLB:	8

The following standardized tests results are accepted as demonstration of the above language proficiency requirements:

	Overall	Listening	Speaking	Reading	Writing
IELTS	7.0	7.0	7.0	7.0	7.0
TOEFL iBT	90	24	24	22	20
CAEL	70	80	70	70	70
CanTEST	5.0	5.0	4.5	4.5	4.0

11. Provide proof of Canadian citizenship, permanent residency, or possess a valid work visa.
12. Provide a Criminal Records Check:
A criminal records check (CRC), obtained within the past 4 months performed by a local police agency, the RCMP, or private organizations such as CSI Screening or My Backcheck is accepted. Members of the NSCRT work in environments in which they hold positions of trust and work with vulnerable members of society such as patients who are seriously ill, the elderly and infirmed, or children. It is therefore required that CRCs must include vulnerable sector checks. Applicants who have a criminal record may wish to submit a Declaration of Criminal Record to expedite the registration process. Please refer to Appendix F.

3.2 Professional Liability Insurance

Policy Statement

Liability insurance protects both respiratory therapists and the public they serve. Liability insurance enables a patient/client to have adequate financial compensation should harm occur as a result of an error, omission or negligent act, and liability insurance protects the respiratory therapist by providing legal and financial support should a patient/client make a claim against them.

POLICY - MINIMUM LIABILITY COVERAGE

3.2.1 Active members:

Active members are **required** to carry minimum professional liability insurance coverage of 2 million dollars for each occurrence. At a minimum, coverage should include conduct or omissions within the scope of practice of respiratory therapy as defined in *Respiratory Therapy Act*, and standards of practice of the profession. Professional liability insurance provided by an employer is acceptable coverage for respiratory therapy practice within that employer's work place only. Respiratory therapists who practice in more than one workplace must be carry professional liability insurance for each place of employment . Verification of liability insurance should be included in the members professional portfolio.

3.2.2 Non-practicing, Non-active, and Honorary members:

For the above members the amount of coverage required by the College is set at “zero” providing that the member provides the Registrar with a signed declaration attesting that he/she is complying with the requirements of the above memberships as outlined in those membership categories.

INDIVIDUAL CONSIDERATIONS

A minimum of 2 million dollars is the common employer insurance coverage for the majority of members. However, members should determine if this amount is sufficient according to their specific circumstances.

The NSCRT recommends that all respiratory therapists periodically review their liability insurance coverage, whether it be an individual plan or one provided by employing agency, for paid or volunteer work. When determining if the amount of coverage is sufficient, the Respiratory Therapist should ask him/herself the following:

- Does your plan cover reimbursement of legal or criminal defense expenses?

- Do you perform respiratory therapy outside of your workplace as a volunteer or through contract work? If so do you carry personal liability insurance for this work?
- Will your plan provide for the cost of legal representation in the event you are subpoenaed to appear as a witness?
- What type of coverage does your policy provide e.g., Malpractice, Errors & Omissions, and Legal Expenses?
- What is the liability aggregate limit, 5 million, 10 million?
- Do you have an "occurrence" type of policy (covers claims that occur after the policy has lapsed) or "claims made" policy (only covers you for claims made during the term of the policy)?
- Is there a deductible? If so, how much?
- If you are covered by an employee insurance plan, should you purchase additional individual coverage?

EXAMPLES OF AVAILABLE COVERAGE FOR RESPIRATORY THERAPISTS

" Employing organization (hospital, home care company, educational program)

If you are covered by your organization's professional liability insurance plan in the amounts and coverage set out in this policy (2 million dollars per occurrence), then you are not obliged to obtain additional liability insurance coverage, although you may wish to. A member who performs any respiratory therapy services, even on a voluntary, part time or temporary basis, outside of the organization must obtain additional professional liability insurance coverage.

" Canadian Society of Respiratory Therapists (CSRT): Details are available from the CSRT.

" Private insurance providers: Consult with your insurance broker.

3.3 Categories of Registration and Licence

Policy Statement

The NSCRT regulations identify three categories of licence: active practice, temporary, and temporary graduate. The registrar, when deemed necessary for the protection of the public, may impose conditions or restrictions on any licence and this will be identified in the NSCRT register.

Applicants must satisfy all of the requirements identified in the regulations and NSCRT policy to be granted registration and a licence to practice in Nova Scotia.

3.3.1 Active Practice Licence

Applicants for an active practice licence must complete the Application for Registration Form, submit all required documentation outlined in policy 3.1, and pay the applicable fees. Registration fees are prorated for first time applicants as outlined on the NSCRT application for registration form. An active practice licence is valid until the end of the licence year March 31st.

3.3.2 Temporary Licence

The registrar may issue a temporary licence to an applicant who does not meet all of the requirements for an active practice licence but is licensed in another jurisdiction and/or is in the process of meeting all of the requirements for an active practice licence.

The registrar may issue a temporary licence to an applicant who meets the requirements for an active practice licence but will work in the province for less than one year. The temporary licence will be issued for a specific period of time not to exceed twelve months.

Applicants for a temporary licence must pay the \$75 application fee and a membership fee of \$35 per month for the number of months they will practice in Nova Scotia. A holder of a temporary licence who wishes to continue to practice in NS beyond 12 months must apply for an active practice licence.

3.3.3 Temporary Graduate Licence

The registrar may issue a temporary graduate licence to an applicant who graduated from a Canadian respiratory therapy education program approved by the College but has not completed the entry to practice examination. The applicant must successfully complete the entry to practice exam within 18 months of completion of the education program. If after 18 months he/she has not been successful the temporary graduate licence expires and he/she can no longer practice respiratory therapy.

Members who hold a temporary graduate licence may:

- ⇒ practice respiratory therapy only under the general supervision of a registered respiratory therapist; and
- ⇒ use the designation graduate respiratory therapist (GRT).
- ⇒ A GRT may not delegate any act of respiratory therapy to another person who does not hold a licence under the act.

3.3.4 Temporary Registration of Canadian Out-of-Province Respiratory Therapists Applying to Assist in Emergency Situations

In preparation for a potential pandemic or health emergency the NSCRT recognizes it would be prudent to consider a mechanism for registration of out-of-province applicants from other jurisdictions who are willing to assist with an emergency or health crisis in Nova Scotia.

Currently, Canadian out-of-province Respiratory Therapists may be registered in Nova Scotia provided they meet the criteria for registration:

- ⇒ Hold an active practicing license in good standing issued by a Canadian regulatory body outside of Nova Scotia, or
- ⇒ be a registered member of the CSRT and practicing in an unregulated jurisdiction, and
- ⇒ provide evidence of practicing the profession within that jurisdiction for a minimum of 1500 hours within the previous four years, and
- ⇒ be fluent in written and spoken English

The NSCRT Board authorizes the Registrar to issue a temporary license and to waive the application and registration fees for 60 days for a Canadian Respiratory Therapist applicant who is applying for an active practicing license for the purpose of assisting with a declared emergency situation or health crisis in Nova Scotia. Should the situation extend beyond 60 days the Registrar is authorized to extend the temporary license another 30 days. Should the out-of-province member wish to remain in Nova Scotia beyond the crisis the Registrar may require the member to pay the full fees at that time.

3.4 Categories of Affiliate Membership

Policy Statement

The NSCRT will accept affiliate membership in the college without issuing a licence to practice respiratory therapy as defined in the Regulations. Categories of affiliate membership are: non-practicing, non-active, honorary life, student, and honorary.

3.4.1 Non-Practicing Member

Non-Practicing member is someone who has qualified for an active practice licence, is not subject to any disciplinary findings, and chooses to be on leave from practice for a period of time for medical or personal reasons, and therefore does not hold a licence to practice. A member may request, in writing, to be placed on the non-practicing roster at the time they leave practice or at registration renewal. The member must also complete the On-Line Renewal application and pay the non-practicing member fee as outlined in Appendix C. Non-practicing members are expected to notify the College of any changes in personal (such as name change) and contact information.

Non-practicing members may return to the active-practice roster by submitting a written request to the registrar at least one month before returning to practice and paying the applicable fees as defined in Appendix C. Members who do not renew their licence by March 31 and do not request Non-Practicing Membership in the NSCRT will be considered a non-active member and will be subject to the non-active member policy.

Non-practicing members returning to the active practice roster must have completed at least 1500 hours of practice in the previous 4 years. Members without the required practice hours must meet with the Registrar to determine an appropriate re-entry to practice program.

Non-practicing members are entitled to attend and participate but not vote at meetings of the College, may serve as a member of any committee but are not eligible for election to the Board.

3.4.2 Non-active Member

A non-active member is a member who, by April 1, has not renewed their licence in accordance with the regulations, subsection 14(2). The member is therefore removed from the active practice roster in accordance with Bylaw 1.c. The member remains a non-active member until they meet the requirements for entry in the active practice roster and pay the annual renewal fees in full and a \$100.00 penalty in accordance with, Bylaw 1.d.

3.4.3 Honorary Life Member

Honorary Life membership may be granted to a member who has rendered distinguished or valuable service to the profession. An honorary life member is entitled to remain on the active-practice roster if the member meets the requirements for licensure annually and to participate in, but not vote at, meetings of the College. The criteria for Honorary Life Member and the nomination process are as follows:

3.4.4 Student Member

Respiratory Therapy students may be granted affiliate membership to the College by completing a Membership Application Form and paying the applicable fees as defined in Appendix C.

A student member is eligible to attend and participate in, but not vote at, meetings of the College.

3.4.5 Honorary member

Honorary affiliate membership may be granted to any person, other than a respiratory therapist, who has rendered distinguished service or valuable assistance to the profession by resolution of the NSCRT Board.

An honorary member is entitled to attend and participate in, but not vote at, meetings of the College; and serve as a member on any committee of the College, but is not eligible for election to the Board.

3.5 Registration Renewal

Policy Statement

NSCRT membership and licenses must be renewed annually by March 31st. Members are required to complete an on-line renewal form, pay the annual renewal fee, and be prepared to submit their professional portfolio if they are randomly selected for an audit.

Registration Renewal Process

Registration renewal is completed through the NSCRT website on-line registration renewal process. Registration fees are determined annually at the fall General Meeting, in accordance with the Bylaws.

All registrants must complete a renewal form each year and pay the required renewal fees. The deadline to submit renewals is March 15th of each year with all payments required to be submitted and processed by March 31st. Fees can be paid by debit, credit card, cash, or cheque.

Beginning in August 2011, NSCRT members may pre-pay registration renewal fees monthly. Members must complete the Pre-Authorized Debit Agreement, found as Appendix D and forward to the NSCRT. Members may cancel this agreement at any time by completing the PAD Cancellation Notice, found as Appendix E, and forwarding to the NSCRT. These forms are found on the NSCRT website.

Members may also pay NSCRT registration renewal fees through the CSRT and are still required to complete the on-line registration renewal form.

Members may also pay NSCRT registration renewal fees through employers if the service is offered and are required to complete the on-line registration renewal form.

Licence Fees and renewal fees are found in Appendix C and on the NSCRT website.

Non-practicing members must complete the registration renewal form and pay the non-practicing fee to maintain their non-practicing status. Active practice members who will not practice as of April 1 may request non-practicing membership on the registration renewal form and submit the non-practicing fee.

A member who does not complete the annual membership renewal process by March 31st will be removed from the Active Practice roster, can no longer practice respiratory therapy, and will be considered a non-active member. To return to the active practice roster the individual must pay the registration renewal fee and a penalty of \$100.00.. He/she will be required to also submit his/her professional portfolio for review by the Credentials Committee as per the NSCRT Continuing Competency Program.

Approval Date: February 2013	Revision Date:
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3.6 Member Code of Conduct

Policy Statement:

The Nova Scotia College of Respiratory Therapists is a regulatory body that protects the public through promotion of competence in respiratory therapy practice. To that end, all members shall be required to uphold standards of conduct specified in NSCRT's Code of Ethics, and to adhere to in-force Standards of Practice and Clinical Practice Guidelines established by the College, as amended from time to time.

Failure to adhere to the above-noted standards and codes may result in disciplinary action up to and including revocation of a members licence to practice, in accordance with the disciplinary procedures and processes established by the College.

NSCRT shall ensure that all members have access to in-force codes and standards through the College website, and are alerted to new or amended codes and standards through timely distribution of electronic and/or print correspondence to all registrants.

Approval Date: February 2013	Revision Date:
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Appendix A



Nova Scotia College of Respiratory Therapists

APPLICATION FOR REGISTRATION

INSTRUCTIONS

- | | |
|--|--|
| <p>1. In order for this application to be processed you must:</p> <ul style="list-style-type: none"> - complete this application in full, including your signature in both areas of the Declaration and Authorization section; - enclose all applicable fees (for fees information, please refer to Page 4 of this form); - enclose proof of citizenship (official birth certificate or passport), and copy of a recent criminal background check. - ensure that official evidence of successful completion of your educational program (your transcripts) has been sent directly to the College from the educational institution. Unofficial evidence of successful completion of an educational program (e.g. a letter from the program director) is acceptable for recent graduates (less than 8 weeks); however, official evidence must be received within 8 weeks of completing the program. | <p>2. For an application in the Active Practice Class, ensure that official evidence of successful completion of an examination approved by the NSCRT has been sent directly to the College from the examination body.</p> <p>3. Please note that you may not hold yourself out as a "Respiratory Therapist" in the province of Nova Scotia until after your application for registration has been approved by the College (i.e. you have been issued a licence to practice). This includes clinical orientation, supervised work (clinical and non-clinical), and volunteer work.</p> <p>4. Incomplete applications will be returned. Applicants should note that approval of a completed application, including all required documents, may take up to four weeks. If your application is denied, your registration fee will be returned and you will be advised of the reason(s) for the decision and the appeal process.</p> |
|--|--|

CLASS OF REGISTRATION

Choose only one

- Active Practice:** You have successfully completed an educational program approved by the NSCRT, or an equivalent program, **and** have successfully completed an examination set or approved by the Board.
- Temporary:** You are currently licensed in another jurisdiction and will be temporarily (less than 12 months) working as a respiratory therapist in Nova Scotia.
- Graduate:** You have successfully completed an educational program approved by the NSCRT, or an equivalent program, **but have not** successfully completed the examinations set or approved by the Board.

Are you applying under the Agreement For The Registration Of Respiratory Therapists From Unregulated Jurisdictions in Canada? YES NO

PERSONAL DATA

Surname	Given Name(s)	Previous Name (if applicable)	
Address			
City	Province	Postal Code	Country

Phone	Email		
Date of Birth (DD / MM / YY)	Gender <input type="radio"/> Female <input type="radio"/> Male		
Citizenship Status Documentation verifying your citizenship status must accompany this application form.			
<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident/Landed Immigrant of Canada <input type="radio"/> Authorized under the Immigration Act			

LANGUAGE PROFICIENCY
 If your first language and your language of RT instruction is not English, documentation of fluency is required.

First Language: English French Other (specify) :

Language of RT Training: English French Other (specify) :

Preferred Language of Correspondence from the College: English French

Will you be able to provide professional services in:
 (Check all that apply) English French Other (specify) :

RESPIRATORY THERAPY EDUCATION

Name / Address of Institution	Degree/Diploma/Certificate Obtained	Year Started	Year Completed

Other Post Secondary Education

Name / Address of Institution	Degree/Diploma/Certificate Obtained	Year Started	Year Completed

PROFESSIONAL REGISTRATION AND CONDUCT

Please complete the attached Registration / Licensure Data Verification Form to support your status or registration with a regulatory / licensing organization.

Regulatory/Licensing Body	Province / State	Country	Reg./License No.	Date Registration Held	
				From	To

If your answer is YES to any of the following questions, you MUST provide full particulars on a separate sheet of paper and attach to this form.

1. Have you previously applied for registration or have you previously been registered with the Nova Scotia College of Respiratory Therapists?	<input type="radio"/> YES <input type="radio"/> NO
2. Have you been found guilty of a criminal offence in Canada or in any jurisdiction outside Canada? New Applicants are required to submit a current “Criminal Background Check including Vulnerable Sector” with their application.	<input type="radio"/> YES <input type="radio"/> NO
3. Have you been disciplined, suspended, required to resign or terminated, from employment as a health professional for unprofessional behavior, misconduct, incapacity, incompetence, negligence or disciplinary action?	<input type="radio"/> YES <input type="radio"/> NO
4. Have you been the subject of any professional misconduct, incompetence or incapacity proceeding by any health profession licensing or registration body?	<input type="radio"/> YES <input type="radio"/> NO
5. Have you ever had your certificate of registration or license suspended, removed or revoked by any professional licensing or registration body?	<input type="radio"/> YES <input type="radio"/> NO
6. Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions relevant to your competence, conduct or physical or mental capacity that might be an impediment to your ability to function as a Respiratory Therapist?	<input type="radio"/> YES <input type="radio"/> NO

EMPLOYMENT

Please note that beginning any Respiratory Therapy employment (in Nova Scotia), including clinical orientation, prior to being issued a licence to practice by the College is in contravention of the *Respiratory Therapy Act* and may impact on the approval of your application.

- Are you currently employed / Have you ever been "engaged in the practice" (see definitions) of Respiratory Therapy in any jurisdiction at any time? If your answer is "YES", please provide a detailed employment history, including name(s) and address(es) of organization(s), dates of employment or volunteering and a list of duties performed and job titles, on a separate sheet of paper and attach to this form. YES NO
- Have you recently been offered a position as a Respiratory Therapist? If your answer is "YES", please complete the following Employment Data section: YES NO

Employment Data

For additional Respiratory Therapy related employment please use a separate sheet of paper and attach to this form.

Proposed Start Date	Employer Name	
Division / Site/ Campus	Address	
City	Province	Postal Code
Phone	Ext.	Fax
Department	Name and Title of Manager/Supervisor	

Employer Type

- | | |
|---|--|
| <input type="radio"/> Community Service | <input type="radio"/> Manufacturer/
Distributor |
| <input type="radio"/> Consulting Firm | <input type="radio"/> Regulating Body |
| <input type="radio"/> Educational Institution | <input type="radio"/> Private Lab/Clinic |
| <input type="radio"/> Government | <input type="radio"/> Professional
Association |
| <input type="radio"/> Hospital | <input type="radio"/> Rehab. Hosp/Facility |

Employment Status

- | | |
|---|---|
| <input type="radio"/> Full Time Permanent | <input type="radio"/> Full Time Temporary |
| <input type="radio"/> Part Time | <input type="radio"/> Casual |

Employment Category

- | | |
|--------------------------------|-------------------------------------|
| <input type="radio"/> Employee | <input type="radio"/> Self-employed |
|--------------------------------|-------------------------------------|

Position Title

- | | |
|--|---|
| <input type="radio"/> Home Care Company | <input type="radio"/> Research Facility |
| <input type="radio"/> Long Term Care Hosp/Fac. | <input type="radio"/> Other: |

Please describe briefly what your job duties will be and / or the area in which you will practice.

.....

.....

.....

DECLARATION AND AUTHORIZATION

I declare/hereby certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief. **I understand** that a false or misleading statement or representation may be cause for revocation of my licence and registration with the College. **I agree** to notify the College, in writing, within 30 days, of any change(s) to the information contained on this form, including personal data, employment status and professional registration and conduct information.

I understand that as a Member of the College I will be required to provide the College with satisfactory evidence of professional liability insurance coverage in the amounts and coverage set out in the policies of the College.

SIGNATURE DATE

I hereby authorize the sources referred to on this form to release to the Nova Scotia College of Respiratory Therapists of all information about me in the possession of the source for the purpose of College registration.

SIGNATURE DATE

FEES

In order for your application to be processed you must enclose all applicable fees.

- **Application fee:** \$75.00. The application fee is **non-refundable**
- **Registration fee:** The College registration year runs from April 1 to the end of March. For applicants who have never been registered with the College, registration fees are prorated on a quarterly basis, as follows:

\$450.00 as of April 1 st	\$325.00 as of July 1 st
\$220.00 as of October 1 st	\$105.00 as of January 1 st

Former members returning to the College are required to pay the full registration fee of \$450.00 regardless of the month in which the application is made.

Fees enclosed: \$75.00 + \$ _____ **Total: \$** _____

Method of Payment:

- Money Order Cheque (payable to the NSCRT)
- Visa Master Card For credit card payment, please complete section below

Card Number:												Expiry Date:					
Name on Card						Total Amount Authorized						SIGNATURE					
						\$											

SUBMITTING YOUR APPLICATION

Only original application forms will be accepted by the College. **Faxed application forms are not accepted.** Incomplete applications will be returned to the applicant. When submitting your application, you must include the completed Application for Registration Form, all supporting documentation (please refer to the application checklist) and all applicable fees.

NSCRT Mailing Address	Nova Scotia College of Respiratory Therapists Suite 700, 6009 Quinpool Rd, P.O. Box 9410, Station A, Halifax, Nova Scotia, B3K 5S3
NSCRT Contact Information	telephone: 902- 425-2445 e-mail: registrar@nscrt.com web site: www.NSCRT.com

DEFINITIONS

<p>Casual: Any position without guaranteed hours</p> <p>Engaged in the practice:</p> <ul style="list-style-type: none"> • provide direct patient care within the scope of practice of the profession; • act as an administrator, supervisor or educator in the field of health care; • sell products or services related to respiratory therapy; provide consultations for respiratory care and related care, equipment and services; or • conduct research related to respiratory therapy. 	<p>Previous Names: All former names, e.g. maiden, married, given, surname</p> <p>Full Time: Any position with at least 1820 designated hours</p> <p>Part Time: Any position with guaranteed paid hours that are less then 1820 per year</p> <p>Self-Employed: Includes sole proprietorship, partnership or controlling interest in the business</p>
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FOR OFFICE USE ONLY

Date Application Form Received:	Date Payment Received:
Total Payment Received:	Authorization Number: Initial:
Date Application Approved:	SIGNATURE

Appendix B NSCRT Registration Verification Form

Section 1

This section must be completed by the applicant and forwarded to the regulatory body in the jurisdiction(s) in which you have been registered as a respiratory therapist or in any other health profession.

I, _____ hereby authorize _____
PRINT Name Name of Registration/Licensing Board

to provide the information requested below and any additional information requested by the Nova Scotia College of Respiratory Therapists in order to process my application for registration.

Applicant's Signature Date

Applicant's Phone No. Applicant's Registration No

Section 2

This section must be completed by the registration/licensing body and forwarded directly to the NSCRT.

I, _____ the Registrar/Secretary acting on behalf of the
Name of Registrar / Secretary

_____ certify that the following are true statements relating
Regulatory body
to

the registration record for: _____ to _____
Applicant's name Registration# Date Registration held

1. Does the applicant have any terms conditions or limitations placed on his/her registration/license to practice? Yes* No
2. Is the applicant, or has the applicant ever been, the subject of professional misconduct, incompetence or incapacity proceedings? Yes* No
3. To your knowledge, has the applicant ever been found guilty of a criminal offence or an offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? Yes* No
4. Are you aware of any event, circumstance, condition or matter not disclosed above, relevant to the applicant's competence, conduct or physical or mental capacity, that might be an impediment to the applicant's ability to function as a Respiratory Therapist? Yes* No

***If the answer is "Yes" to any of the above, please provide additional information, including a description of matter, relevant findings and any resulting orders/penalties?**

Signature

Date



Appendix C

Membership and Licence Fees 2013

Application Fee \$75.00

Registration Fees

First time applicant applying for active practice or temporary graduate registration:

April 1	\$450.00
July 1	\$325.00
October 1	\$220.00
January 1	\$105.00

Registration Renewal: \$450.00

Temporary Registration: \$40.00 per month for a maximum of 12 months

Non-practicing members returning to active practice in Nova Scotia: Pro-rated to \$40.00 per month for every month remaining in the licence year (to March 31)

Affiliate Membership Fees

Non-practicing Member	\$25.00
Non-active Member	NA
Honorary Life Member	NA
Student Member	25.00
Honorary Member	NA

Appendix D



Nova Scotia College of Respiratory Therapists
 Courier: 700-6009 Quinpool Road, Halifax, NS
 B3K 5J7
 Mail: P O Box 9410, Stn A, Halifax, NS B3K
 5S3
 Phone: 902-425-2445 Fax: 902-425-2441

PRE-AUTHORIZED DEBIT AGREEMENT PAYOR'S PAD AGREEMENT

Last and first name(s) of account holder(s)		Membership Number	Telephone Number
Address (street, city, province)			Postal Code
Name and address of financial institution	Institution Number (5 digits)	Transit Number (3 digits)	Account Number

Withdrawal authorization

I, the undersigned, authorize the Nova Scotia College of Respiratory Therapists (NSCRT) to debit the bank account identified above on the first day of each month for the monthly portion of next year's membership fees plus surcharge. These services are for my personal membership. Each withdrawal will correspond to a fixed amount as per Schedule A, which may be increased without any further authorization on my part, provided that the Payee notifies me in writing at least 10 days before the due date of the payment as modified. Payments that are returned due to insufficient funds, will be debited to my account again on the 20th of the month.

Waiver:

- I hereby waive the aforementioned written notice of 10 days.
- I have received a copy of this Agreement and waive all other confirmation before the first payment.

Change or cancellation:

I shall inform the Payee, in a timely manner, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification, in writing, of 15 days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact the NSCRT, my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part. I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization. I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.cdnpay.ca. The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a **Personal** PAD, provided that the reimbursement is claimed for a valid reason. I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose. Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Payee, without any liability or commitment on the part of my financial institution.

Schedule A

Consent to disclosure of information

Month starting PAD	Amount
April	38.83
May	42.36
June	46.60
July	51.78
August	58.25
September	66.57
October	77.67
November	93.20
December	116.50
January	155.33
February	233.00
March	466.00

Pre-authorized payment amount listed in Schedule A is the amount debited from your account each month based on the month you choose to start PAD. The monthly amount times the number of payments will equal \$466.00 (annual licence fee of \$450.00 plus surcharge of \$16.00).
e.g. if you start PAD on September 1st, you will have 7 equal payments of \$66.57; then on April 1st, the monthly amount will change to \$38.83 for the year.

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Signature of account holder (s)

_____	_____
Signature of account holder	Date (dd/mm/yyyy)
_____	_____
Signature of a second account holder (Only if two signatures are required)	Date (dd/mm/yyyy)

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise Nova Scotia College of Respiratory Therapists.

Please ensure that a void cheque is attached

Appendix E

CANCELLATION NOTICE

TO: Nova Scotia College of Respiratory Therapists
Courier: 700-6009 Quinpool Road, Halifax, NS B3K 5J7
Mail: P O Box 9410, Stn A, Halifax, NS B3K 5S3
Phone: 902-425-2445
Fax: 902-425-2441

DATE: _____

I, _____ (Printed Name), _____ (membership number), wish to cancel my authorization to issue personal pre-authorized debits for my membership dues against my/our account number _____ (account number) effective on _____ (date).

I understand that this form must be received in the office of Nova Scotia College of Respiratory Therapists at least 15 days prior to my pre-authorized debit.

I acknowledge that this cancellation does not terminate any other obligation that I may have with Nova Scotia College of Respiratory Therapists.

Signed: _____
Signature of account holder

Signature of second account holder
(Only if two signatures are required)

Appendix F**Declaration of Criminal Record**

Criminal records searches only indicate the presence of an offence on a criminal record not the actual offence. It is in the best interest of the applicant to self declare any history of a criminal offence before it is identified on a CRC.

Applicants should not declare a conviction for which the applicant has received:

- A Pardon in accordance with the Criminal Records Act
- A conviction where the Applicant was a “young person” under the Youth Criminal Justice Act
- An absolute or conditional discharge pursuant to section 730 of the Criminal Code
- An Offence for which the Applicant was not convicted

Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP. Declaration of Criminal Record may not contain all criminal record convictions. A certified Criminal Record can only be issued by CCRTIS based on the submission of fingerprints to the RCMP National Repository of Criminal Records.

I declare the following conviction(s) for offences under Federal Law

	Date of Sentence	Place of Sentence	Charge
1.			
2.			
3.			
4.			
5.			
6.			
7.			

I hereby declare that the information provided on this form is true and correct to the best of knowledge and belief. I acknowledge that this is not a Certified Criminal Record.

Signature of Applicant

Date