



New Brunswick Association of Respiratory Therapists Inc.  
L'Association des thérapeutes respiratoires du Nouveau-Brunswick Inc.

500 St. George Street  
Moncton, NB, E1C 1Y3

## Registration Verification Form

### Section 1

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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 as requested by the New Brunswick Association of Respiratory Therapists in order to process my application for a license to practice.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Phone Number Applicants License No

### Section 2

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

I, \_\_\_\_\_ the Registrar/Secretary acting on behalf of the  
Name of Registrar / Secretary

\_\_\_\_\_ certify that the following statements are true relating to  
Regulatory Body

the registration licensing record for: \_\_\_\_\_  
Applicant's Name Registration / License #

held from \_\_\_\_\_ to \_\_\_\_\_  
Date Held from Date Held to

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 details on a separate sheet outlining a description of the matter, relevant findings and any orders/penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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