

Section 5: Employment Status

Name and address of current primary employer: _____

Name of manager & contact #: _____

Name and address of additional employers (if applicable): _____

If not presently working as a Respiratory Therapist, please outline your employment history as a Respiratory Therapist, including: employer, manager contact information, year(s) worked, and number of hours worked per year. (ATTACH with your Application).

Section 6: Fee

Full practicing membership/license – **\$350**

Non-practicing membership – **\$250**

Restricted practicing membership/license – **\$350**

Temporary practicing membership/license – **\$350**

Please send cheque or money order with your application.

MAKE CHEQUES PAYABLE TO: **Saskatchewan College of Respiratory Therapists.**

Section 7: Declaration

I, _____, make this application acknowledging my personal responsibility under the provisions of the Bylaws of the Saskatchewan College of Respiratory Therapists (SCRT). I also acknowledge that any false declaration made herein will invalidate my license and membership with the SCRT.

Signature of Applicant

Date of Application

Office use only:

Date application received: _____ Monies received: **Yes** or **No** CRC attached: **Yes** or **No**

Date application approved: _____ Category: _____ License #: _____

Registrar's signature: _____

SECTION 8: SCRT Demographics

All applicants are requested to provide the following information to assist the College in developing statistical information on members. Information will be disclosed to government offices for workforce/workload planning, and for other uses as determined by the SCRT Council. (Please note that all information will be kept private and you will not be identified by name.)

Gender:

Male Female

Age:

Less than 30 years 30 – 39 40 – 49 50 – 59 60 or over

Employment status:

Full time Part time Casual

Highest level of education:

Diploma Bachelor's degree Master's degree Doctorate degree

Major area of practice (please pick one):

Critical Care Community or Rehab Pulmonary Function Sleep Lab Operating Room
Cardiac Cath Lab Perfusion Sales Administrative/Manager Research

Other (please specify): _____