

EMPLOYMENT VERIFICATION FORM

Section 1

This section must be completed by the applicant and forwarded to the place of employment in the jurisdiction(s) in which you have been practicing as a respiratory therapist (or in a related field) over the past FIVE YEARS. Please provide a new form for each place of employment.

I, _____ hereby authorize _____
PRINT Name Employer Name

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

Applicant's Signature

Date (MM/DD/YEAR)

Section 2

This section must be completed by the employer (preferably by the applicant's immediate supervisor) and forwarded by them directly to the SCRT within 15 days of receipt.

This is to certify that _____
Applicant's Name

Is/was employed by _____
Name of Employer

Address: _____
Street City Postal Code

As a _____
Position Title

Date of Hire _____ Last Date of Employment _____
MM/DD/YEAR MM/DD/YEAR

- Has the applicant been disciplined, suspended, required to resign, terminated or subjected to similar action in respect to employment or a contract of service? Yes* No
- Are you aware of any other information (e.g., court or tribunal findings, complaints) about the applicant's competence, conduct or physical or mental capacity that could reasonably affect 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 the matter, relevant findings, and any resulting orders/penalties.***

Name of authorized employer representative

Title

Phone

Signature

Date (MM/DD/YEAR)