MANITOBA ASSOCIATION OF REGISTERED RESPIRATORY THERAPISTS

Application for Reinstatement for Inactive Registrants

According to the *L-03 License Categories/Fee Schedule policy* an Inactive Member may be reissued an Active Practising Respiratory Therapist License if the Registrant satisfies the Registration Committee that they possesses the **current** knowledge, skill and judgment needed to practise Respiratory Therapy. Inactive Registrants who have practiced within two years immediately preceding their application for reinstatement will by policy, generally satisfy the requirement referred in *L-01 Active Practicing License Eligibility policy*, unless the MARRT is aware of information that could reasonably indicate a concern with respect to the Registrant's knowledge, skill and/or judgment. At the time of reinstatement, Inactive Members (a) who have not practised in the past two years, and/or (b) if there are concerns with respect to the Registrant's knowledge, skills and/or judgment, their application will be referred by the Registrar to a Registration Committee Panel for consideration.

Inactive Registrants are not permitted to resume practise in Manitoba until after their Active Practising Respiratory Therapist License has been reinstated by the MARRT. It may take up to six weeks to process the application for reinstatement.

1. PERSONAL / CONTACT INFORMATION						
FIRST NAME	SURNAME					
MARRT REGISTRATION NO.						
APT. NO. STREET ADDRESS						
CITY	PROVINCE					
POSTAL CODE	COUNTRY					
PHONE NUMBER	EMAIL					
2. EMPLOYMENT PROFILE						
MOST RECENT EMPLOYMENT AS A RESPIRATORY THERAPIST (Prior to Inactive Status)						
When did you last practise as a Respiratory Therapist? DATE (MM/DD/YYYY)						
EMPLOYER NAME						
ADDRESS						
POSITION HELD						
EMPLOYMENT START DATE (MM/DD/YYYY)						
STATUS FULL TIME PART TIME CASU	IAL					
PENDING RESPIRATORY THERAPY EMPLOYMENT IN MANITOBA (CHOOSE ONE OF THE FOLLOWING)						
I will be returning from a leave of absence to my previous employer (see above). Anticipated return to work date (MM/DD/YYYY)						
I will be starting new employment in Manitoba (provide details on page 2). Tentative start date (MM/DD/YYYY)						
N/A I do not have pending Respiratory Therapy employment in Manitoba at this time.						

If you have secured new Respiratory Therapy employment in Manitoba (pending reinstatement), please provide the following:								
EMPLOYER NAME								
ADDRESS								
TELEPHONE NUMBER								
POSITION TITLE			SUPERVISOR'S NAME					
EMPLOYMENT CATEGORY PERMANENT TEMPORARY								
STATUS DIFULL TIME DART TIME		CASUAL						
3. DECLARATION AND AUTHORIZATION								
	I declare that I have practiced as a Registered Respiratory Therapist in Manitoba for a minimum of 720 hours in the four years prior to my application for reinstatement of my MARRT license.							
	I certify that I am covered by professional liability insurance in the amounts and coverage set out in the MARRT Professional Liability Insurance Policy.							
If you do not have a professional liability insurance coverage, please complete the following:								
	I am requesting an exemption from the Professional Liability Insurance requirement on the grounds that I am not currently engaged in the practice of Respiratory Therapy (either Inactive or non-practising), and							
	I have read and understood the Professional Liability Insurance policy of the MARRT and will obtain insurance before practising.							
	I declare that I am participating in the MARRT Continuing Competency Program by maintaining my portfolio on an ongoing basis. It is required that all MARRT Registrants maintain their CCP portfolios, as this condition of registration is set out in regulation.							
	I agree to notify the MARRT, in writing, within 30 days, of any change(s) to my personal, employment, and/or professional registration and conduct information.							
	l declare/hereby	certify that the state	ments made by me of	n this form ar	e complete and correct to the	ne best of my knowledge and belief.		
	I understand that under The Registe	t making a false or m ered Respiratory The	isleading statement o erapists Act C.C.S.B. o	r representat c. R115, Sec	tion to the MARRT may be o tion 23.	considered professional misconduct		
SIGNATURE			DATE					
4. F	REINSTATEMENT	AND REGISTRA	TION FEE					
Once your Application for Reinstatement has been approved, your MARRT account will be invoiced in the appropriate								
amount. The reinstatement fee for an Inactive Member is \$75.00. The registration fee is prorated to the reinstatement date as follows: Same Same Same Same Same Same Same Same								
	Oliows. \$830.00 February - April \$415.00 August - October \$622.50 May - July \$207.50 November - January							
5. APPLICATION FOR REINSTATEMENT DECISION								
Your application for reinstatement as a Registered Respiratory Therapist with the MARRT has been:								
-	A	pproved	Not Ap	proved				
SUBMITTING YOUR APPLICATION EMAIL: Manitoba Association of Registered Respiratory Therapists, edregistrar@marrt.org QUESTIONS: office@marrt.org OR edregistrar@marrt.org								
C	OFFICE USE ONLY		RECEIVED DATE	:	REGISTRATION FEE	REINSTATEMENT DATE		