



Respiratory Therapy Society of Ontario

Société de la Thérapie Respiratoire de l'Ontario

RTSO Professional Development Fund (RTSO PD Fund)

For the year July 1, 2025 – June 30, 2026 (Year 2)

Eligibility Criteria and Application Guidelines

The RTSO Board of Directors is pleased to announce the launch of the RTSO Professional Development Fund, designed to provide financial support to RTSO members pursuing professional development opportunities.

Eligible Continuing Professional Development Activities:

- RT practice-related workshops, conferences, and courses
- University or college courses directly applicable to the practice of respiratory therapy
- Ongoing certifications such as BCLS, ACLS, PALS, NRP, and US-guided art-line insertion
- PD activity must have taken place between July 1, 2025 to June 30, 2026 (Year 2).

Eligibility Criteria:

- Must be a current, paying RTSO “practicing” member in good standing (student members are not eligible)
- Must have been a member of the RTSO when the PD activity took place
- Must be registered with the CRTC as a Registered Respiratory Therapist (RRT)
- Application must include evidence of completion for the professional development activity, such as:
 - Receipt for payment of the PD activity
 - Evidence that the activity took place within the current RTSO fiscal year (July 1–June 30)
 - Proof of successful completion (e.g., transcript, certificate of completion)

Funding Details:

- Members may apply for up to \$1,000 per year
- Applications will be reviewed on a first-come, first-served basis, with first-time applicants receiving priority
- Once the allocated funds have been exhausted, no further applications will be accepted

Please Note:

The following expenses are **not** eligible for reimbursement:

- Accommodation costs
- Travel expenses
- Exam fees such as HTPC, CRE, AA
- Courses or activities unrelated to the practice of respiratory therapy

Application to the RTSO PD Fund

Date:

Name:

Address:

Email:

Phone/Mobile:

RTSO Member:

☐ Yes ☐ No

CRTO #:

Amount requested \$:

(max is \$1000)

Professional Development Activity Description:

Name of Activity (Course, workshop, conference)

Date of Activity

Description - please indicate the applicability to the practice of respiratory therapy

Please attach to this application evidence that you have successfully completed the activity described and the receipt for the cost of the activity.