



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS  
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

## CSRT Fellowship Form

I acknowledge that: (Name of Fellowship nominee) \_\_\_\_\_ has demonstrated leadership and contributions to clinical practice, education or science in respiratory therapy.

Nominee Registry number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel : \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name** (in block letters)

**Registry #**

**Signature**

\_\_\_\_\_

Please forward to:  
CSRT  
201-2460 Lancaster Road,  
Ottawa On K1B 4S5

Fax: 613-521-4314  
Email – [cménard@csrt.com](mailto:cménard@csrt.com)