

ANNUAL REPORT

2025-26



PROFESSIONAL REGULATION OF RESPIRATORY THERAPISTS SERVING ALBERTANS



Above is a scene from the foothills in southern Alberta. On the cover is Sarah Mitton RRT who practices at South Health Campus in Calgary. All photographs are taken in and around Alberta by Shannon Silver RRT.

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A year in review: regulation, accountability and the respiratory therapy profession in Alberta.

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ABOUT THIS REPORT

Along highway 22 near Longview, Alberta

GOVERNANCE, ACCOUNTABILITY, PUBLIC TRUST, TRANSPARENCY.

This report is for the reporting period of April 1st, 2025 to March 31st, 2026. It is produced for the benefit of all of our stakeholders including: **the people who receive health services from registrants, the public, the Minister of Health, the Alberta provincial government, our registrants and employees, approved education programs, public and private industry.** We hope that readers will make use of the information and perspectives provided within this report, and see them as an invitation to further dialogue with the CRTA Council. We continue to engage in constructive discussions, we seek to adapt and develop solutions based on what we learn, and we aim to contribute to, and succeed in, value creation for people with the goal of providing exceptional corporate social responsibility.

This annual report is submitted to the **Minister of Health** in a form acceptable to him or her, and contains the information

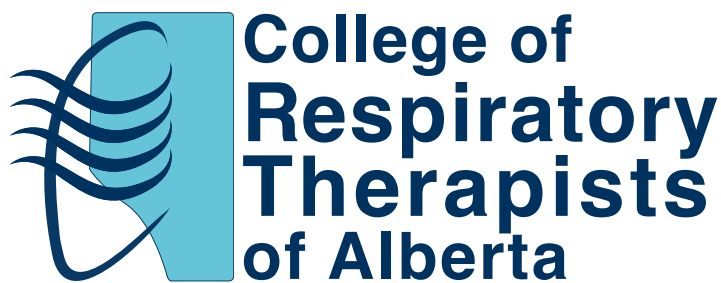
requested by the Minister pursuant to **Section 4** of the *Health Professions Act*. This report also includes the independent auditor's report created in accordance with **Canadian Accounting Standards for Not-for-Profit Organizations (ASNPO)**.

The College does not establish professional fees for health care services rendered, or have an authorization under **Section 27** of the *Act* to establish professional fees. The activities of the College do not include collective bargaining. This is performed by the **Health Sciences Association of Alberta**, which is the organization certified as the official bargaining agent on behalf of Respiratory Therapists working in the public sector for **Alberta Health Services**.

The College is a corporation under the authority of the *Act*, and registered with **Alberta Corporate Registries**. The organization was originally incorporated as the **Alberta Society of Respiratory Therapists** on August 23rd, 1971. Our

provincial corporate access number is 500064191 with August 23rd being our anniversary date. We operate as a not-for-profit entity in accordance with the *Federal Income Tax Act* and are exempt from charging the Goods and Services Tax to our registrant fees or services. Council reviewed and approved of this report at a meeting on **September 18th, 2026**.

ABOUT THE COLLEGE



216 6715 8St NE

Calgary AB

403 274 1828

www.rrtalberta.ca

Mon-Fri 08:00 - 16:00hrs

The College of Respiratory Therapists of Alberta is a provincial regulatory body dedicated to delivering value added services to the public. Our primary focus is to protect the public by ensuring our registrants meet regulatory standards.

REGULATE

Ensuring respiratory therapists meet provincial standards.

SUPPORT

Providing registration, competence and regulatory guidance.

PROTECT

Serving Albertans through transparent professional regulation.

LEGAL SERVICES

Derrick Pagenkopf LLB Professional Corp

Calgary AB

Karen Perry LLB

Osler, Hoskin and Harcourt LLP

Calgary AB

AUDITING SERVICES

Ateris LLP

Chartered Professional Accountants

Calgary AB

BANKING SERVICES

Bank of Nova Scotia

101 8120 Beddington BLVD NW

Calgary AB

ATB Financial
Calgary North Hill

217 16th Ave NW

Calgary AB



ABOUT RESPIRATORY THERAPY

The Respiratory Therapy profession consists of a diverse professional population who collaborate with other members of the health care team.

From *Schedule 26 of the Health Professions Act*:

“In their practice, Respiratory Therapist do one or more of the following: provide basic and advanced cardio-respiratory support services to assist in the diagnosis, treatment and care of persons with cardio-respiratory and related disorders, and procedures restricted activities authorized by the regulation.”

Respiratory Therapists use the protected title Registered Respiratory Therapist together with the professional designation ‘RRT’ as identified in *Schedule 26 of the Health Professions Act*. Registrants provide a wide variety of diagnostic and therapeutic services of exceptional quality to individuals suffering from lung or heart problems, as well as an assortment of related disorders.

These services are provided in acute care hospitals, extended care facilities, clinics, laboratories, and clients’ private residences. Registrants provide health services in a wide variety of public and private clinical practice settings and are also actively engaged in the stabilization and transportation of critically injured patients. Registrants actively leverage existing and emerging technologies to provide patients with access to exceptional quality care experiences.



INTEGRITY



RESPECT



ACCOUNTABILITY



PRACTICE EXCELLENCE

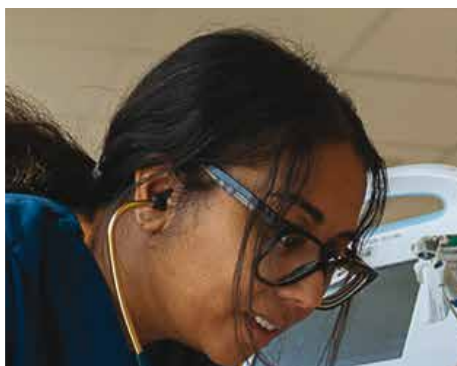
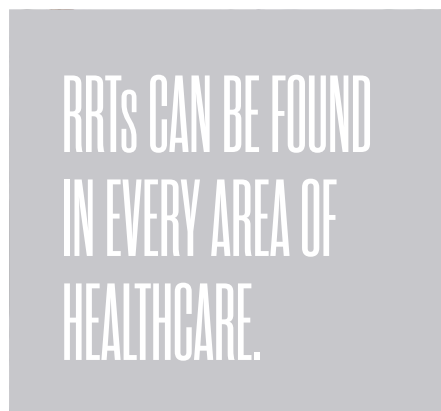


ETHICS

SPECIALIZED CARE

ADVANCED TECHNOLOGY

HUMAN CONNECTION



A South Health Campus Respiratory Therapist, with Claire, the daughter of another Respiratory Therapist, and who is familiar with respiratory care through her experiences with asthma.

RRTs CAN BE FOUND
IN EVERY AREA OF
HEALTHCARE.

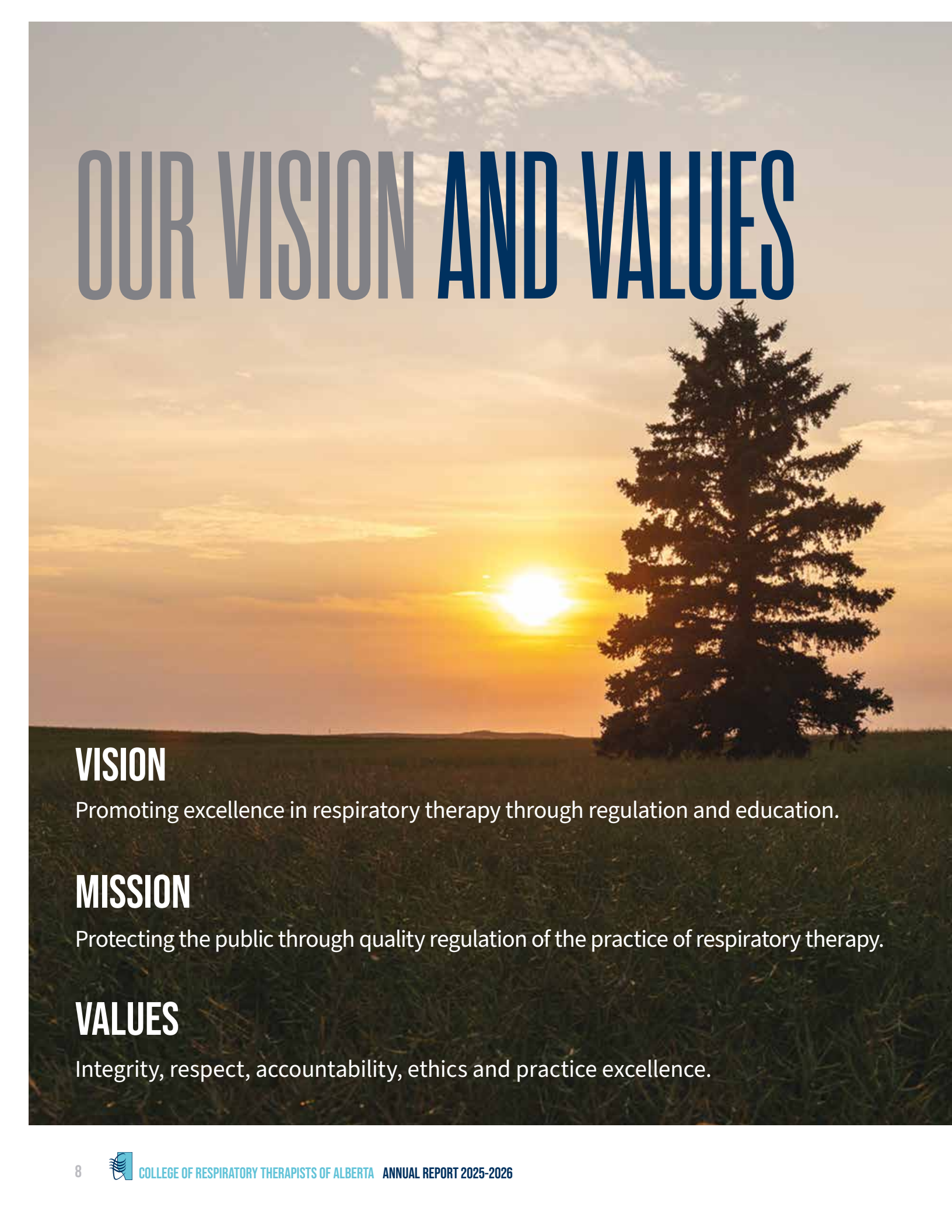
2136

RRTs IN
ALBERTA

FOUND ACROSS HEALTHCARE, FROM OUR FIRST BREATH TO OUR LAST, RESPIRATORY THERAPISTS WORK IN ACUTE AND LONG-TERM CARE, HOMES AND CLINICS, WHILE INCREASINGLY BRINGING THEIR EXPERTISE TO LEADERSHIP, ADMINISTRATION AND EDUCATION.



OUR VISION AND VALUES



VISION

Promoting excellence in respiratory therapy through regulation and education.

MISSION

Protecting the public through quality regulation of the practice of respiratory therapy.

VALUES

Integrity, respect, accountability, ethics and practice excellence.



PUBLIC PROTECTION

THROUGH PROFESSIONAL REGULATION

SETTING STANDARDS.

SUPPORTING COMPETENCE.

PROMOTING ETHICAL PRACTICE.

BUILDING PUBLIC TRUST.





GOVERNANCE & ORG CHART

UNDER THE AUTHORITY OF THE HEALTH PROFESSIONS ACT, THE COUNCIL IS RESPONSIBLE FOR GOVERNING THE PROFESSION IN THE PUBLIC INTEREST.

Under the authority of the *Health Professions Act*, the Council is responsible for governing the profession in the public interest. An important aspect of governance is the responsibility the Council has to act as a stakeholder in the development of regulation in the province, development of profession specific **Standards of Practice** and **Codes of Ethics**, as well as create and amend corporate by-laws to support the mandate in accordance with the *Act*.

The Council also directs and regulates the profession, establishes, maintains and enforces standards for registration and continuing competence, and approves programs of study and education courses for purposes of registration requirements.

To achieve these objectives the Council has representation on a variety of organizations involved in matters related to professional regulation which

include: the **Health Professionals Testing Canada** and the **National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)**. To fulfill its governance mandate and uphold regulatory excellence, the Council maintains membership in; the **Council on Licensure Enforcement and Regulation** and the **Alberta Foundation of Administrative Justice**.

The Council executes its duties by integrating governance best practices in: transparency, appropriate disclosure, registrant engagement, and broad based stakeholder consultation. These best practices are the basis by which the regulatory body actively participates with the other members of the **NARTB**. Leveraging the economies of scale with our regulatory counterparts from other provincial jurisdictions, we are able to optimize value for the patient, client and resident populations served by registrants members throughout the country.

The Council has built a strong governance team and sustains a knowledge-based governance strategy by exploring tactics to effectively manage change in today's operating environment. Additionally, it employs techniques to create continued growth and success, while developing resources to remain effective and meet registrant needs.

The decision making model that the Council incorporates is based on pragmatic consensus. Council routinely considers the value proposition as it relates to its legislative mandate when making business decisions. Reflecting the characteristics of the registrants, assumptions are frequently challenged by the Council in an attempt to be innovative and responsive to a rapidly changing health care environment. In this regard, stakeholders look towards the Council for leadership.



CORPORATE AND SOCIAL RESPONSIBILITY

- Corporate Social Responsibility (CSR) is defined as an organization's commitment to operating in an economic, social and environmentally sustainable manner, while recognizing the interests of its stakeholders, including; registrants, business partners, local communities, the environment and society at large. CSR goes beyond activities such as volunteer-ism and charity. Organizations such as CRTA who practice CSR develop policies, procedures and programs in areas such as: employee relations, community development, environmental stewardship, marketplace practices, transparency of processes and accountability. The following are some of the CSR practices CRTA has been actively engaged in this year:

OUR OFFICES

- We use computer monitors that are the most energy efficient and position them to minimize glare and employee eye fatigue;
- Our office chairs are sourced for their ergonomic design so that employees are comfortable as well as properly supported when sitting while at work;
- We lease office space in a Building Owners and Managers Association (BOMA) certified building which is highly energy efficient and meets or exceeds extensive environmental practice standards.

OUR ORGANIZATION

- Our web-site is a source of electronic truth which
- also reduces the need for paper records and reports, with the exception of those specifically required, such as the hard-copy of this report submitted to the Minister of Health;
- We securely cross-shred and destroy office paper documents. This makes recycling easier while ensuring privacy is protected;
- CRTA actively participates in the Building Paper, Electronic Recycling Program created by Green Calgary. We also use recharged ink cartridges for our office printers;
- We are committed to transparency about our business practices as well as our regulatory responsibilities and publish our social responsibility activities in this annual report.

OUR REGULATED MEMBERS AND EMPLOYEES

- Our employees enjoy the use of building exercise facilities and safe secured parking facilities;
- Our employees routinely participate in building security, fire evacuation practices and drills;
- Many of our registrants volunteer their time and services for a variety of professional, community, sport, cultural and education events throughout the year in the province;
- We value the contributions made by our employees to an innovative profession and treat them with respect consistent with all Labour and Occupational Health and Safety Legislation.

OUR COMMUNITY

- We continue to source products and services from providers in our supply chain who treat us fairly and with integrity. We look for suppliers who respect our vision and mission, and we look to be fiscally responsible stewards of our registrant's limited resources;
- When possible we source 30% to 100% recycled paper products that possess the trademark of the not-for-profit Forest Stewardship Council indicating that the wood used to make the product is well managed according to strict environmental, social and economic standards.

OUR FUTURE

TO BECOME A LEADER IN REGULATION WHILE PROTECTING THE ENVIRONMENT.



COUNCIL AND ADMINISTRATION

COUNCIL



KARRIE WHALEN
BSc RRT
President

VACANT
Vice President



LYNARD HIGOY
RRT BMR (RT) CRE CTE
Director at Large



MELISSA GRABOWSKI
BSc RRT CRE
Director at Large



JESSE HADDOCK
RRT
Director at Large

ADMINISTRATION



BRYAN BUELL
RRT BGS CTAJ CMP
Executive Director/
Registrar



JERRY SPENCE
RRT CTAJ
Deputy Registrar/
Hearings Director

PUBLIC MEMBERS



GARRY CHRISTOPHERSON

BH(H) MPA
Public Member



TIFFANY POLTZ

CPA
Public Member



KATHERINE SWEET

BA, MJ
Public Member



DR SANGEETHA RAVI

MD, MPH, CHIM
Public Member

VACANT

Public Member
Term Expires January 2029



COMMITTEES



REGISTRATION COMMITTEE

CHAIRPERSON: Mr. Jeffery Ung, RRT Calgary

Dolores Michelin, RRT Calgary

Judy Duffett-Martin, RRT Calgary

Will Cunningham, RRT Calgary

Travis Eremko, RRT Calgary

Elizabeth French RRT Edmonton

Christa Krause RRT Calgary

COMPETENCY COMMITTEE

is the registration committee

HEARING DIRECTOR: Gerald Spence, RRT Calgary

HEARING TRIBUNAL PANEL

Catherine Johansen RRT, Medicine Hat

Travis Eremko RRT, Calgary

Shannon Foster RRT, Edmonton

Linda Sheen RRT, Edmonton

Lisa Lem RRT, Edmonton

Dolores Michelin RRT, Calgary

Nicholas Castle RRT, Calgary

Gregory Hind RRT, Calgary

Linda Tymchuk RRT, Edmonton

Maristella Nandan RRT, Calgary

Fiona Lee RRT, Edmonton

Public members to hearing tribunal panels are appointed by order in Council and are approved by the Minister of Health and Wellness.

FROM OUR PUBLIC MEMBERS

“CITIZENSHIP IS NOT A SPECTATOR SPORT”

Adrienne Clarkson

Governor General 1999-2005



KATHERINE SWEET



DR SANGEETHA RAVI



GARY CHRISTOPHERSON



TIFFANY POLTZ

VACANT

PUBLIC MEMBERS BRING THE PERSPECTIVES AND EXPECTATIONS OF ALBERTANS TO THE COUNCIL TABLE.

As public members of the Council of the College of Respiratory Therapists of Alberta, our role is to bring the perspectives and expectations of Albertans to the Council table. We share with our professional colleagues a clear responsibility: to ensure the College governs the profession in a manner that protects patients, serves the public interest and maintains confidence in respiratory therapy practice.

Throughout 2025–26, Council remained focused on the foundations of effective health-profession regulation. The College renewed more than 2,000 registrants, verified professional liability insurance coverage and conducted 122 continuing competence audits. It also approved 98 new registrants, each of whom completed required learning on protecting patients from sexual abuse and sexual misconduct. Council further approved mandatory continuing education addressing privacy and recent legislative changes. Together, these measures help ensure respiratory therapists have the knowledge, competence and professional accountability Albertans should expect from their regulated health professionals.

During the year, the College processed 13 professional practice complaints. The complaints process provides patients and members of the public with an important avenue for raising concerns and ensures each matter is considered fairly, thoroughly and in accordance with the College’s regulatory responsibilities. An accessible and trusted complaints process is fundamental to public protection and confidence in the profession.

Beyond its core regulatory work, the College contributed to broader health workforce discussions. It provided advice to NAIT on respiratory therapy education and enrolment, responded to provincial and national workforce surveys, supported registrants seeking to practise in other regulated provinces and shared its experience recognizing respiratory therapists educated in the United States. The College also assisted other jurisdictions exploring respiratory therapy regulation. This collaboration supports consistent standards while helping health systems respond to changing workforce needs.

Council also oversaw important work to strengthen the organization itself, including succession planning, leadership recruitment, independent financial audits and approval of a balanced three-year budget with no increase to practice permit fees. These actions reflect responsible stewardship and help position the College to fulfil its mandate over the long term.

We are grateful to the respiratory therapists whose professionalism and expertise support patients and families across Alberta, and to our fellow Council members and College staff for their commitment during a demanding year. As public members, we will continue to ask thoughtful questions, contribute our perspectives and keep the interests of Albertans at the centre of Council’s decisions.



FROM THE PRESIDENT

“THE TASK OF LEADERSHIP IS NOT TO PUT GREATNESS INTO HUMANITY, BUT TO ELICIT IT, FOR THE GREATNESS IS ALREADY THERE.”

John Buchan
Governor General 1935-1940



Karrie Whalen
BSc RRT
President

BUILDING STRENGTH THROUGH THOUGHTFUL LEADERSHIP, SOUND GOVERNANCE, AND STEADFAST COMMITMENT TO PUBLIC SERVICE.

As I reflect on the past year, I am struck by the dedication and thoughtfulness demonstrated by Council, our committees, and College staff. This has been a year of meaningful progress, careful planning, and important transition. Throughout every discussion and decision, our focus has remained constant: protecting the public by ensuring strong, accountable regulation of the respiratory therapy profession.

One of the highlights of the year was Council's approval of a mandatory continuing competency activity focused on privacy and recent legislative changes. Privacy is fundamental to the trust that Albertans place in healthcare professionals, and ensuring registrants remain current with evolving legislation is an important part of maintaining that trust. This initiative reflects our commitment to supporting registrants while reinforcing the high standards expected of the profession.

This year also required us to look ahead. With the anticipated retirement of valued operations staff, Council supported the development of a succession plan to help ensure continuity within the organization. While transitions naturally bring change, they also provide opportunities to strengthen our organization and prepare for the future. Planning thoughtfully today allows the College to continue serving the public effectively tomorrow.

Leadership succession was a significant focus of our succession plan. Council engaged an independent human resources

consultant to lead recruitment for both the Registrar and Executive Director positions. These are critical leadership roles, and it was important that the recruitment process be thorough, transparent, and fair. I am grateful for the considerable time and care invested by everyone involved in identifying the right individuals to lead the College through its next chapter.

Council was also pleased to receive expressions of interest from registrants willing to serve as a professional member of Council. The willingness of respiratory therapists to contribute their expertise in support of self-regulation is encouraging and speaks to the profession's continued commitment to public service and good governance.

One of the most significant milestones this year was supporting the continued evolution of respiratory therapy in Alberta following the separation of regulatory and advocacy functions back in 2023. Council approved the release of restricted funds to assist the Alberta Association of Respiratory Therapists as it establishes itself as the profession's independent advocacy organization. This decision reflects our confidence that a clear distinction between regulation and professional advocacy ultimately strengthens both organizations and better serves Albertans.

Throughout the year, Council remained mindful of our responsibility to manage the College's resources wisely. I am pleased that we approved a balanced three-year budget that maintains the

College's financial stability while avoiding any increase in practice permit fees. Achieving this balance required thoughtful planning and reflects our commitment to responsible stewardship on behalf of both registrants and the public.

Serving as President continues to be both an honour and a privilege. I have had the opportunity to work alongside dedicated Council members, committed staff, and engaged registrants who all share a common purpose: ensuring respiratory therapists in Alberta continue to provide safe, ethical, and competent care. While this year brought its share of change, it also reinforced the strength of our governance, the resilience of our organization, and our shared commitment to protecting the public interest.

On behalf of Council, thank you to everyone who has contributed their time, expertise, and passion throughout the year. Your commitment is what enables the College to fulfill its mandate, and I look forward to the opportunities that lie ahead as we continue to build a strong future for respiratory therapy regulation in Alberta.

Respectfully Submitted,

Karrie Whalen BSc, RRT
President.

FROM THE REGISTRAR

***“A PUBLIC SERVICE IS TRUSTED WHEN SERVICE IS A VALUE,
NOT JUST A FUNCTION.”***

David Johnston
Governor General 2010-2017



Bryan Buell
RRT BGS CTAJ CMP
Registrar

STEWARDSHIP, ACCOUNTABILITY AND CONFIDENCE IN RESPIRATORY THERAPY

Thank-you, to the 2,136 registrants who renewed their practice permits and executed legal declarations swearing they had sufficient professional liability insurance coverage for the registration year. Six (6) registrants executed legal declarations stating they had insurance certificates when in fact our audit indicated they had not renewed their professional liability insurance policy. Each registrant was notified and they immediately renewed or sourced the required insurance.

This practice by our registrants is very risky exposing their own personal financial assets in the event of a legal action occurring while no insurance policy was in place to exclusively respond on their behalf. In the event of a pediatric patient being involved the statute of limitations is for a twenty-year period. This is a very long time to potentially be exposed to any claim of action. I would like to encourage each registrant exercise skill-full means in the timely renewal of their professional liability insurance coverage in the future.

Another concern requiring immediate change in practice behaviour by newcomers entering the profession is with respect to successfully completing the mandatory learning module and continuing competency activity on Protecting Patients from Sexual Abuse and Sexual Misconduct. During the reporting period sixteen (16) individuals entering the profession did not complete the required activity by the prescribed deadline provided by the registrar. Consultation with both council approved programs of study will result in a practice change by new graduates in the future.

This year we received a record number of applications for registration by RRTs

originally credentialed and licensed in the United States of America. Unfortunately, many of the applications were abandoned due to extensive delays in obtaining work permits to legally work in the country. Previously the federal health and immigration ministers communicated with the college advising that healthcare professionals were a priority for expedited immigration processing because of labour shortages in the country.

The provincial Jobs Economy and Trade Minister were not interested in advocating for the federal government to live up to their commitment for expedited processing.

We have updated our substantial equivalency information on the college website advising international applicants how to contact the federal immigration minister and that we won't process applications until the applicant has obtained a legal work permit for Canada to be able to practice. The countries we have received inquiries and requests for registration decisions include Palestinian Authority, Pakistan, Jordan, Iran, Morocco, Philippines, Great Britain and the United States.

I have received inquiries from four different province's health ministries regarding our process and historical experience for recognizing RRT applicants from the United States. Since 1988 we continue to recognize the RRT credential as substantially equivalent with receiving no complaints alleging unprofessional conduct.

Unfortunately, our experience with domestic labour mobility has not been as beneficial. We receive applications for registration from individuals previously disciplined in other regulated provinces

wanting to practice in Alberta through recognition of chapter seven of the *Canada free-trade Agreement* and accelerated decision-making within twenty business days through the *Alberta Labour Mobility Act*. We continue to receive complaints about registrants we register through the *Free-Trade Agreement* (please see complaints and investigations report).

After three years as a volunteer registrar and twenty-five years as a full-time paid registrar I will reach a retirement milestone at the end of November of 2026. Thank you for the opportunity to serve the public and the profession.

I appreciate the strong support of past and present council, registration committee, and hearing tribunal panels. I witnessed the profession's response to public health emergencies such as the Slave Lake and Fort McMurray forest fires, the flood in Calgary and the Covid-19 pandemic throughout the province. Our profession achieved well deserved public recognition for who we are and more importantly the difference you make in people's lives.

Your indomitable spirit and courage must continue. REMAIN FEARLESS!

Respectfully submitted,

Bryan Buell RRT, BGS, CTAJ, CMP,
Registrar



REGISTRATION

Multiple pathways to registration. One consistent standard for professional practice.

Registrants of the College have successfully completed an approved program of study as well as successfully completed an examination approved by the Council. Alternatively, some applicants are registered with the College as substantially equivalent based on a detailed assessment of the competencies they possess from their education and current work experience.

The data presented in this report illustrates a growing registrant population, helping to accommodate future anticipated workforce needs as a result of an aging work force demographic, while respecting an individual's career objectives related to work-life balance. The Council supports fair and effective registration practices by working to minimize or eliminate legislated obstacles or barriers affecting registrants. This creates an environment where innovation and creativity are nourished, enabling them to achieve clinical excellence while protecting the public. We are very proud of the positive day-to-day interactions our regulated registrants have with patients and clients. We believe that Registered Respiratory Therapists are a profession comprised of patient or client choice!

The Registrar receives applications for registration pursuant with the *Health Professions Act*. Applicants are notified when a completed application has been received or advised of what remains outstanding for an application to be considered. Applicants are added to one of three registers if they meet the requirements of the *Regulation*.

If an applicant does not meet the requirements their application is referred to the registration committee for review. The committee considers all written and verbal representations made by the applicant before carefully making a decision with respect to the application. If the applicant is not issued a practice permit they are advised regarding what is required to become registered. The protocols used by the registration committee are consistent with the *2010 Lisbon Convention on Credential Recognition*, *Labour Mobility Regulation*, and *Chapter 7 of the Canada Free Trade Agreement*.

Unsuccessful applicants are also advised of their legal right to request a review by CRTA Council. Applicants wishing to do so must make the request in writing, which includes reasons for the request. The Council appoints a panel to adjudicate the request, which will provide reasons for any decision to issue with or without conditions.



RRT Anthony Kim was seen on his way to a patient's room with a non invasive ventilator.

CONTINUING COMPETENCY



ALL 122 RANDOMLY SELECTED REGISTRANT SUBMISSIONS AUDITED WERE FOUND TO BE ACCEPTABLE

Registrar Audit

The registrar performed an audit of 122 randomly selected registrants (~6%) practice permit renewal submissions of documents.

The submissions were reviewed to verify:

- the continuing competency activities did occur,
- the reported numbers of hours on the submitted document are equal to the number of hours indicated in the online practice permit renewal form,
- the registrant achieved at least the minimum 48 hours of continuing education that are required over the previous two-year period pursuant to the standard of practice,
- pursuant to *section 11(1)(a)* of the *Regulation* the registrant practised the minimum of 1,500 hours in the preceding four-year period,
- the registrant has acquired the minimum professional liability insurance required by the council,
- the accuracy of all information contained in the registrant's digital profile,
- the legal declarations executed by the registrant are accurate and true.

48 HOURS

MINIMUM CONTINUING
COMPETENCY ACTIVITIES OVER

2 YEARS

Audit Findings of the Registrar

All submissions were received from randomly selected respondents with one exception. The individual did not respond with any submission by the prescribed deadline and subsequently responded after receiving a notice of suspension if they failed or refused to respond within thirty days. The recipient of the notice apologized for being late with their submission and explained they had been out of the country and were just returning. Their submission was received within two days and determined to be acceptable.

The annual mandatory continuing competency activities prescribed by the council are embedded in the practice permit renewal form. The registrant cannot proceed to the renewal form and payment portal until they pass the quiz on the content of the mandatory activity. This year privacy legislation updates was the topic and well received by most registrants.

This activity was selected to support our employers who typically have their employees execute patient information confidentiality user's agreement. The activity also assisted registrants in becoming aware of potential pitfalls in their practice as it relates to potential privacy breaches which may occur and what practices mitigate patient risk.

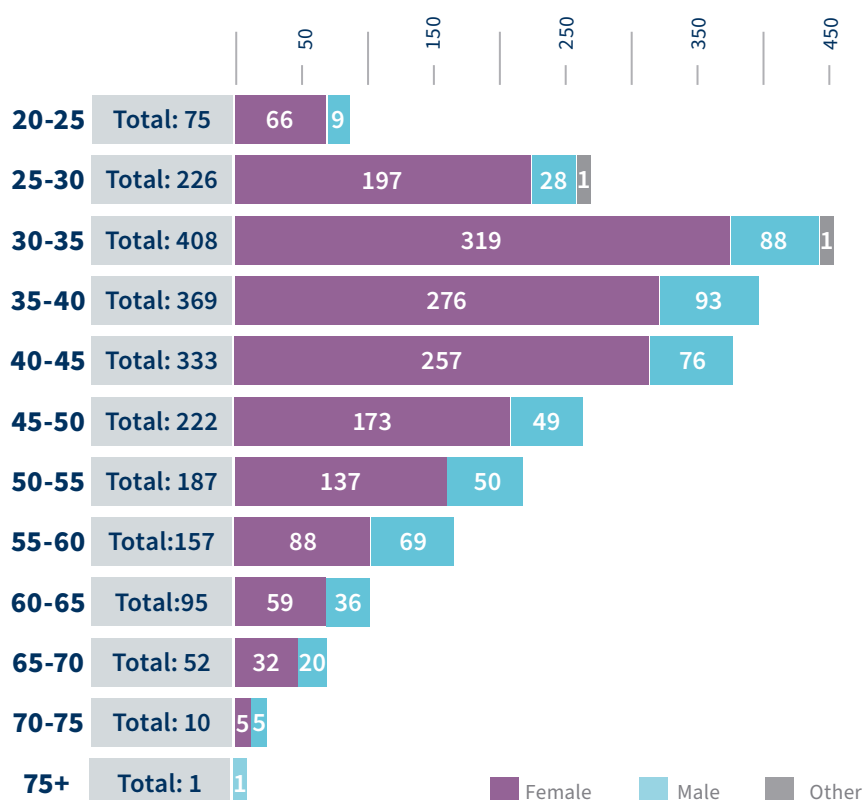
Reports from registrants indicated they succeeded on their first attempt at the quiz while a few indicated they learned a few things from their errors and eventually succeeded. Future mandatory continuing competency topics under consideration are amendments under the criminal code of Canada protecting healthcare professionals when providing professional services to their patients, mandatory requirements of colleges regarding limits on free speech in public by registrants under the *Regulated Professions Neutrality Act* which is recent legislation to be proclaimed.



REGISTRANT DEMOGRAPHICS

2136 REGISTERED RESPIRATORY THERAPISTS

DISTRIBUTION OF REGISTRANTS BY AGE



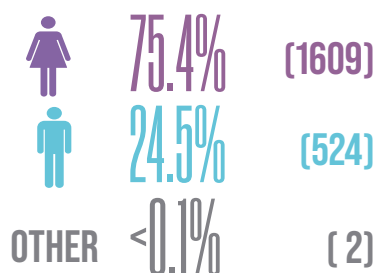
REGISTRANT PROFILE

The average age of registered respiratory therapists in Alberta is **41.5 years** and range in age from **21.6** to **77.9** years, reflecting a profession with strong representation across both early and established career stages.

ASSUMPTIONS MADE

- The single-cell selection in the active sheet was assumed to be unintentional, so this analysis focuses on the complete dataset provided in the annual report table.
- The ages and birth dates provided are accurate and up to date as of the end of the reporting period in 2026.

DISTRIBUTION OF REGISTRANTS BY GENDER



KEY TAKEAWAYS



STRONG MID-CAREER REPRESENTATION

The largest concentration of registrants continues to be in the 30 to 49 age range, representing 62.4% of the profession. With an average age of 41.5 years, the registrants reflect a strong and experienced workforce while maintaining representation across all career stages.



PREDOMINANTLY FEMALE REPRESENTATION

Women comprise 75.4% of registered respiratory therapists in Alberta, a pattern that remains consistent across all age groups. Men represent 24.5% of the registrants, with two registrants identifying as other.



ACTIVE REGISTRATION

At year-end, 99.7% of registrants held Active Registration, reflecting a well-established professional community. Only six registrants held Provisional status, the majority of whom were in the 20 to 29 age group.

FMC RRT Stas Grosu takes a moment from his day for a photo



36%

Aged 30-39

26%

Aged 40-49

3:1

Female to Male Ratio

0.3%

Provisional Status,
*all are aged 20-29 *

99.7%

Active Registrants

62.4 % of our registrants are near middle-aged, between 32 and 49 years old

PROFESSIONAL CONDUCT REPORT



RRT Russell Liefuik demonstrates PFTs on Pediatrics at South Health Campus.

Complaint Investigations- 12

Request for Review of Decision to Dismiss Complaint- 1

From the previous reporting period three matters continued into this year and were resolved. One investigation was completed and the complaint was dismissed due to insufficient or no evidence of unprofessional conduct. Another complaint was satisfactorily resolved through communication between both parties in the matter. The last matter was satisfactorily resolved by the complaint director with the approval of both the complainant and investigated person.

This reporting period we received a record total number of twelve complaints. Seven complaints were pursuant to *section 54 of the Act*. Pursuant with the profession's standards of practice and code of ethics four complaints were reported by registrants about fellow registrant's conduct. Two complaints were from patients of registrants and the third was from a family member of a registrant.

Pursuant to *section 57 of the Act* five complaints were filed by employers who were of the opinion the conduct of the employee was unprofessional conduct. None of the twelve complaints involved harm to any patients.

One complaint received from a family member of a registrant was determined to be vexatious by the complaints director and dismissed. One complaint was investigated and the complaints director determined there was no evidence of unprofessional conduct as defined in the *Act*. The complainant requested a review of the decision and the complaint review committee unanimously agreed and upheld the original decision made by the complaint director.

Ten investigations were conducted and two were referred to hearing tribunals. Eight investigations were not referred to hearing tribunals

for insufficient or no evidence of unprofessional conduct. In one of the eight investigations, the conduct in question occurred either in another province or country when the registrant was not licensed to practice in the jurisdiction. The matter was not reported to any local police authorities or the provincial **Human Rights Commission**.

Hearing Tribunals- 1

Two matters were referred to a hearing director and one hearing was convened during the reporting period and the other was scheduled to be convened in the next reporting period. In the matter convened during the reporting period the registrant admitted to unprofessional conduct by way of agreed statement of facts and a joint submission on sanctions that included reports on counselling session and payment a fine of \$5,000 and some costs associated with the investigation and hearing tribunal not exceeding \$1,500.

Incapacity Assessments- 1

One incapacity assessment was conducted and resulted in a condition being placed on the registrant's practice permit to be randomly tested at the discretion of the registrar/complaint director. No patient was harmed in the matter requiring the incapacity assessment of the registrant.

Complaints Involving Sexual Abuse or Sexual Misconduct of Patients-0

Once again, this year the complaint director did not receive any complaints involving sexual abuse or sexual misconduct of patients by any registrant.



COMPLAINT INVESTIGATIONS, HEARING TRIBUNALS, AND INCAPACITY ASSESSMENTS.

12

COMPLAINT INVESTIGATIONS

Complaints are assessed through a fair, evidence-based investigation process.

1

REVIEW REQUESTS

One request for review was received during the reporting period.

10

INVESTIGATIONS COMPLETED

Ten investigations were concluded during the reporting period.

2

REFERRED TO HEARING

Two matters met the threshold for referral to a hearing tribunal.

0

SEXUAL MISCONDUCT COMPLAINTS

No complaints involving sexual misconduct of patients were received.

1

INCAPACITY ASSESSMENT

One incapacity assessment resulted in conditions being placed on a practice permit.

Patient Relations Program

Pursuant with *section 135.8* of the *Act* the patient relations program services were originally contracted with Homewood Health. The college was notified that the contract would not be renewed effective December 31st. At the request of multiple colleges, the contract was extended for 31 days to January 31st. A request for proposals was distributed by the consortium of colleges to possible interested providers in February.

In the interim the college would manage administration of the program until it was decided whether another contract with a provider would be executed or whether the college would continue to manage the administration of the program. The council has restricted \$200,000 funds for administering the patient relations program (please see *note 9* of the audited financial statements).

Complainants alleging unprofessional conduct by a registrant are entitled to receive compensation of up to one hundred hours of medical services from a specialist determined by the Alberta Health Insurance Plan schedule of medical benefits. Registrants are required to have professional liability insurance coverage for such compensation situations. The limits contained in the *Act* do vary in time as the rates within the schedule change. Typically, maximum coverage exceeds twenty thousand dollars.



APPROVED EDUCATION AND EXAMINATION

SETTING THE STANDARD FOR ENTRY TO PRACTICE THROUGH EDUCATION, EXAMINATION AND DEMONSTRATED COMPETENCE.

EDUCATION

EXAMINATION

EQUIVALENCY

Council Approved Examinations

Council recognizes authority pursuant with *section 3(1)(f)* of the *Act*. The Council focuses on the principles of transparency, fairness, objectivity, validity and reliability of the approved examination produced by any service provider. The Council recognizes the prescribed examination for registered respiratory therapists created by the **Health Professionals Testing Canada (HPTC)** as well as the **National Board for Respiratory Care (NBRC)** in the United States of America.

The decision to recognize of the **NBRC** registered respiratory therapist examination was originally made by the **Alberta Health Disciplines Board** in 1988. The registration committee has monitored the examination blueprint of the examination to make certain the knowledge domains measured are comparable to the HPTC respiratory therapist examination blueprint. The knowledge domains of the two examinations are not identical but they do meet the *Canada Free Trade Agreement* definition of a high level of commonality (in excess of being 80% equivalent). The knowledge domain is essential elements of competency.

The 2025-26 HPTC examination was administered in July 2025 by Meazure using a virtual proctoring system. This system was added to replace the in person proctoring at an examination location. The results of the examination and passing scores for the initial writers were all determined to be within acceptable psychometric standards.

The January 2026 examination was administered using the virtual proctoring system again without any examination, scoring or reporting issues. The results of the examination and passing scores for the initial writers were all determined to be within acceptable psychometric standards.

Council Approved Education Programs

Section 3 of the *Act* requires the College to establish standards for registration that include approving programs of study. Currently the Council recognizes most but not all accredited education programs in Canada and the United States of America. The Council relies heavily but not exclusively on accreditation services provided by the **Health Standards Organization-Accreditation Canada** accreditation services in Canada and the **Council on Accreditation in Respiratory Care (CoARC)** in the United States of America.

Some Canadian programs are not approved by the Council and include the following, all campuses of College Ellis in Quebec, the University of Doha Qatar, formerly the College of the North Atlantic Qatar campus, College Valleyfield in Quebec, St Clair College in Windsor, and Sir Sanford Fleming College in Peterborough in Ontario. Most of the Colleges not recognized have not produced enough graduates who have successfully completed the approved examination to warrant approval by the Council.

The Council also does not recognize the online diploma or bachelor's degree program at Independence University in Utah as we are unable to confirm the clinical competencies graduates acquire from that program. The program at Independence University was formerly known as the California College of Health Sciences. After multiple requests made to the school for information the school failed or refused to cooperate with our registration committee.

Independence University closed permanently on August 1, 2021. The online institution shut down after losing its accreditation from the **Accrediting Commission of Career Schools and Colleges (ACCSC)** due to low student graduation and job placement rates, alongside aggressive federal funding restrictions and fraud investigations into its parent organization.

Substantial Equivalency

Graduates from education programs not approved by the Council may apply for registration through substantial equivalency. Applicants are referred, by the registrar, to the registration committee who consider applicants on a case-by-case basis. The registration committee assesses the competencies the applicant possesses and not how they acquired the competencies. The committee also considers the currency of the competencies. They consider the same time frame we recognize currency for registration renewal e.g. practice hours in the previous four years and professional development activities in the preceding two years.

THE FOLLOWING ARE CURRENTLY COUNCIL APPROVED EDUCATION PROGRAMS FOR PURPOSES OF APPLICATION OF THE *REGULATION*.

COUNCIL APPROVED PROGRAMS

Algonquin College of Applied Arts and Technology
Canadore College of Applied Arts and Technology
Cegep de Chicoutimi
Cegep de L' Outaouais
Cegep de Sherbrooke
Cegep de St- Foy
College de Rosemont
Community College of New Brunswick Dieppe
Conestoga College Institute of Technology and Advanced Learning
Dalhousie University School of Health Sciences
Fanshawe College of Applied Arts and Technology
La Cite Collegiale-College darts Appliques et de Technologie
Michener Institute of Applied Health Sciences
New Brunswick Community College St John
Northern Alberta Institute of Technology
Southern Alberta Institute of Technology
Thompson Rivers University
University of Manitoba School of Rehabilitation Medicine
Vanier College.

The registrar and deputy registrar had a very productive meeting with two officials at **Alberta Health** with respect to recognizing only the two Institutes of technology in Alberta. All other schools are recommended to be deleted from the list of council approved programs. Graduates from those schools accredited or not will be considered through substantial equivalency assessment if the graduate is not already licensed in any other jurisdiction.

The college will develop a modernized school approval process for graduate recognition and rely less on accreditation services by Accreditation Canada in the future. The 1,500 minimum number of didactic teaching hours and 1,500 minimum clinical exposure hours to acquire all the core and clinical competencies contained in the entry to practice competency framework will not change.



An RT student on transport at Foothills Hospital



YEAR IN REVIEW

A YEAR OF REGULATORY ACTION, ORGANIZATIONAL TRANSITION AND COLLABORATION

APRIL 1, 2025 - MARCH 31, 2026



122

CONTINUING
COMPETENCY
AUDITS
COMPLETED



98

NEW
REGISTRANTS
APPROVED



12

PROFESSIONAL
PRACTICE
COMPLAINTS
PROCESSED



3 YEARS

BALANCED
BUDGET
APPROVED WITH
NO INCREASE IN
PERMIT FEES



PUBLIC PROTECTION & REGISTRATION



- 01** Approved a mandatory continuing competency activity on Privacy matters and recent changes to legislation.
- 02** Renewed 2015 registrants and verified every registrant had sourced valid professional liability insurance certificates.
- 03** Performed 122 continuing competency audits
- 04** Approved 98 new registrants and confirmed successful completion of the learning module on Protecting Patients from Sexual Abuse and Sexual Misconduct.
- 05** Processed 13 professional practice complaints. An all-time record number.
- 06** Responded to provincial government surveys on *Labour Mobility and Fair Registration Practices Act*, and a survey conducted by the **Canadian Institute for Health Information** about demographics of the profession.

ORGANIZATION, CONTINUITY & GOVERNANCE



- 07** Developed a succession plan for retiring operations staff.
- 08** Sourced a human resources consultant to conduct recruitment campaigns for the registrar and executive director positions.
- 09** Received expressions of interest to replace professional member vacancy on council.
- 10** Re-negotiated the head office and storage room (archive) leases.
- 11** Produced an Annual Report for the Health Minister.
- 12** Distributed a request for proposals (to 21 accounting firms) for Independent Auditing services.
- 13** Approved a three-year balanced budget with no increases in practice permit fees.
- 14** Sought two legal briefings on a contract, and *Alberta Human Rights Act* interpretation.

COLLABORATION & SYSTEM LEADERSHIP



- 15** Released restricted funds to an emerging provincial professional association for respiratory therapists. The Alberta Association of Respiratory Therapists.
- 16** Attended the NAIT respiratory therapy program advisory committee meeting to provide industry feedback and recommend enrolment to respond to employer needs.
- 17** Consulted with multiple provincial health ministries on our recognition experience of RRTs educated in the United States of America.
- 18** Consulted with the College of Physicians and Surgeons of British Columbia on development of regulations for the profession in that province.
- 19** Met with Accreditation Canada and Health Standards Organization on matters of mutual interest.
- 20** Renewed memberships with the Council on Licensure and Enforcement Regulation (CLEAR), National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) and the Canadian Society of Association Executives (CSAE).
- 21** Participated in two meetings with the members of National Alliance of Respiratory Therapy Regulatory Bodies.



MANAGEMENT DISCUSSION OF FINANCIAL STATEMENTS

Strong fiscal management continues to support public protection and regulatory excellence.

28.6 %
SURPLUS MARGIN

BUILDING FINANCIAL RESILIENCE SOUND FINANCIAL MANAGEMENT

We are pleased to report our 25th consecutive surplus of excess revenues over expenses this year in the amount of \$309,103. This represents a smaller surplus than the previous year due to increased investigations and conduct expenses of \$78,742.00.

Our membership revenues increased over the previous year due to increase in number of domestic Alberta graduates and increased labor mobility from other parts of Canada. Our interest income was less due to lower interest rates for GIC investment income. Our cost recovery in conduct is due to recent decisions by **Alberta Appeals Court** limiting how much in investigation and hearing tribunal costs can be recovered from registrants found to be in error. We anticipate cost recovery income will continue to be smaller compared to previous years.

The simplest way to maintain our low practice permit renewal fees and \$206,623 in expenses is to contain complaints and investigation costs! Registrants can directly influence this by conducting themselves in accordance with the

standards of practice and code of ethics of the profession as well as their respective employers.

Our operating expenses have been well managed with travel costs attributable to National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) meetings convened in St John's Newfoundland and Toronto Ontario. Both destinations are exceedingly expensive for air travel, meals, hotel accommodation and ground transportation costs. Where possible we will attend national meetings virtually to reduce meeting travel costs in the future.

Our administrative expenses reflect a slight increase in rent as our lease was renegotiated for a three-year term and reflect a slight increase in rent with no free month provision for the first year of the agreement. This was due to a flexible option requested by the council to terminate the lease and relocate the corporate head office in the event of any need to relocate. Our promotion expenses have been reduced as we no longer participate in respiratory therapy week celebrations in late October.

Professional fees were significantly reduced as we did not require as many legal briefings on matters related to negotiating contracts, human rights matters and other general legal matters. We do anticipate higher costs for consulting services involving recruitment and selection of operations staff to replace existing staff who retire in November of 2026.

In conclusion, the council decided not to increase fees for the year and will consider whether fees require any increase to respond to the affordability crisis which is impacting many small Alberta businesses like our college. A balanced three-year budget was approved by the council which does not contain any increase in fees, however, forward- looking documents like a budget are subject to change to respond to changing market conditions. The key to continued low registration fees for registrants is to reduce expenses associated with complaints, investigations, and hearing tribunals.

\$ 309,103

EXCESS REVENUE
OVER EXPENSES

NO INCREASE TO
REGISTRATION FEES
FOR 12+ YEARS

25

CONSECUTIVE YEARS

of excess revenue over expenses

\$ 206,623

INVESTIGATIONS AND CONDUCT

increased \$78,742 from 2025

\$ 1.08 M

TOTAL REVENUE

Membership revenue increased 2.3%

\$ 3.47 M

NET ASSETS

Increased from \$3.28M in 2025





AUDITORS REPORT

TO THE MEMBERS OF THE COLLEGE OF RESPIRATORY THERAPISTS OF ALBERTA

Opinion

We have audited the financial statements of College of Respiratory Therapists of Alberta (the “College”), which comprise the statement of financial position as at January 31, 2026, and the statements of revenues and expenses, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at January 31, 2026, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial statements for the year ended January 31, 2025 were audited by another practitioner who expressed an unmodified opinion on those financial statements on June 18, 2025.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNPO, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College’s financial reporting process.

Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.





As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Calgary, Alberta July 21, 2026

ARTERIS LLP Chartered Professional Accountants



College of Respiratory Therapists of Alberta
Statement of Revenues and Expenses
Year Ended January 31, 2026

	2026	2025
REVENUES		
Membership	\$ 930,440	\$ 909,180
Interest income	137,875	141,611
Cost recovery - conduct	12,300	24,565
Other	534	219
	<u>1,081,149</u>	<u>1,075,575</u>
EXPENSES		
<u>Operating</u>		
Investigations and conduct (Note 10)	206,623	127,881
Consulting, supplies and other	26,235	695
Accommodation, travel and parking	20,854	10,709
Professional development	10,375	11,184
Printing and design - annual report	9,037	15,213
Meals	2,340	2,990
Telephone	2,083	1,086
Awards, diplomas and certificates	229	250
	<u>277,776</u>	<u>170,008</u>
<u>Administration</u>		
Wages and benefits	318,367	319,649
Rent	47,517	43,466
Advertising, promotion and web page	29,834	49,498
Memberships and subscriptions	20,854	15,963
Interest and bank charges	20,626	19,789
Amortization of capital assets	20,305	18,484
Office and general	16,104	16,802
Professional fees	16,030	44,112
Insurance	3,309	3,243
Miscellaneous	1,324	-
	<u>494,270</u>	<u>531,006</u>
	<u>772,046</u>	<u>701,014</u>
EXCESS OF REVENUES OVER EXPENSES	<u><u>\$ 309,103</u></u>	<u><u>\$ 374,561</u></u>

See Accompanying Notes To Follow Financial Statements

College of Respiratory Therapists of Alberta
Statement of Financial Position
January 31, 2026

	2026	2025
ASSETS		
CURRENT		
Cash	\$ 25,508	\$ 361,789
Short term investments (Note 4)	1,949,104	1,890,308
Prepaid expenses	10,301	10,462
	<u>1,984,913</u>	<u>2,262,559</u>
LONG TERM INVESTMENTS (Note 5)	1,653,176	1,164,336
PROPERTY AND EQUIPMENT (Net of accumulated amortization) (Note 6)	8,005	6,621
INTANGIBLE ASSETS (Net of accumulated amortization) (Note 6)	19,543	36,917
	<u>\$ 3,665,637</u>	<u>\$ 3,470,433</u>
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 29,364	\$ 21,725
Wages payable	11,171	14,461
Unearned revenue (Note 8)	154,846	153,861
	<u>195,381</u>	<u>190,047</u>
NET ASSETS		
Unrestricted	2,542,708	2,336,848
Restricted (Note 9)	900,000	900,000
Invested in capital assets	27,548	43,538
	<u>3,470,256</u>	<u>3,280,386</u>
	<u>\$ 3,665,637</u>	<u>\$ 3,470,433</u>

See Accompanying Notes To Follow Financial Statements



College of Respiratory Therapists of Alberta
Statement of Changes in Net Assets
Year Ended January 31, 2026

	Unrestricted	Restricted	Invested in capital assets	2026	2025
NET ASSETS - BEGINNING OF YEAR	\$ 2,336,848	\$ 900,000	\$ 43,538	\$ 3,280,386	\$ 2,905,825
Investment in intangible assets	(4,315)	-	4,315	-	-
Repaid funds (<i>Note 9</i>)	-	(119,233)	-	(119,233)	-
Interfund transferred	(119,233)	119,233	-	-	-
Excess of revenues (deficiency) over expenses	329,408	-	(20,305)	309,103	374,561
NET ASSETS - END OF YEAR	\$ 2,542,708	\$ 900,000	\$ 27,548	\$ 3,470,256	\$ 3,280,386

See Accompanying Notes To Follow Financial Statements

College of Respiratory Therapists of Alberta
Statement of Cash Flows
Year Ended January 31, 2026

	2026	2025
OPERATING ACTIVITIES		
Cash receipts from regulated members	\$ 951,490	\$ 1,025,081
Cash paid to suppliers and employees	(747,234)	(669,331)
Interest received	130,644	37,328
	<u>334,900</u>	<u>393,078</u>
Cash flow from operating activities		
INVESTING ACTIVITIES		
Purchase of intangible assets	(4,315)	(13,010)
Purchase of investment - GIC	(547,634)	(151,497)
	<u>(551,949)</u>	<u>(164,507)</u>
Cash flow used by investing activities		
FINANCING ACTIVITY		
Refund funds on restriction on net assets (Note 9)	(119,233)	-
	<u>(336,282)</u>	<u>228,571</u>
INCREASE (DECREASE) IN CASH FLOW	(336,282)	228,571
Cash - beginning of year	<u>361,789</u>	<u>133,218</u>
CASH - END OF YEAR	\$ 25,507	\$ 361,789

See Accompanying Notes To Follow Financial Statements



College of Respiratory Therapists of Alberta
Notes to Financial Statements
Year Ended January 31, 2026

1. NATURE OF ORGANIZATION

The College of Respiratory Therapists of Alberta (the "College") is a self-governing professional organization established for the certification and governance of respiratory therapists in Alberta. It is a not-for-profit organization and as such is not subject to federal or provincial taxes under section 149(1) of the income tax act.

2. BASIS OF PRESENTATION

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNFPPO). Canadian accounting standards for not-for-profit organizations are part of Canadian GAAP.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Cash

Cash and cash equivalents include amounts on deposit with financial institutions and cash equivalent includes term deposits that mature within three months from the date of acquisition. The College did not hold cash equivalents at the end of the year.

Revenue recognition

The College recognizes its revenue on a deferral basis and earns most of its revenue from fees to its members and advertising. Revenue is recognized when fees are collected or collection is reasonably assured.

Restricted grants are recognized on a deferral basis and recognized as revenue in the year the related expenses are incurred.

Investment

The College reports its investments at cost and consists of the cash value of guaranteed investment certificates. Short term investments consist of guaranteed investment certificates with maturities of less than 12 months. Long term investments consist of guaranteed investment certificates with maturities of greater than one year. Cost approximates market value.

Property and equipment

Property and equipment is stated at cost or deemed cost less accumulated amortization and is amortized over its estimated useful life on a declining balance basis at the following rates:

Computer hardware	45%
Furniture and equipment	20%

The College regularly reviews its property and equipment to eliminate obsolete items. Government grants for property and equipment are treated as deferred capital contribution which will be recognized as revenue over related amortization period.

Property and equipment acquired during the year but not placed into use are not amortized until they are placed into use. All additions made during the year are amortized at 50% of the above rates.

Intangible assets

Intangible assets are stated at cost or deemed cost less accumulated amortization and are amortized over their estimated useful lives on a straight-line basis at the following rates:

Website	3 years straight-line method
---------	------------------------------

College of Respiratory Therapists of Alberta
Notes to Financial Statements
Year Ended January 31, 2026

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (*continued*)

Measurement uncertainty

When preparing financial statements according to Canadian accounting standards for not for-profit organizations, management makes estimates and assumptions that affect the reported amounts of revenues and expenses during the year, the reported amounts of assets and liabilities at the date of the financial statements, and the disclosure of contingent assets and liabilities at the date of the financial statements. Management bases their assumptions on a number of factors including historical experience, current events, actions that the College may undertake in the future, and other assumptions believed reasonable under the circumstances.

Material measurement uncertainties include estimates of useful lives of capital assets and impairment of long lived assets and accrued liabilities. Actual results could differ from the estimates; the resolution of these uncertainties will be determined by future events.

Financial instruments

Financial assets and liabilities are measured initially at fair value. Subsequent measurement is at amortized cost. Changes in fair value are recognized in net income.

Financial assets measured at amortized cost consist of cash, short-term investment and prepaid expenses.

Financial liabilities measured at amortized cost consist of accounts payable and accrued liabilities, wages payable and unearned revenue.

The College assesses impairment of all its financial assets measured at cost or amortized cost. When there is an indication of impairment, the College determines whether it has resulted in a significant adverse change in the expected timing or amount of future cash flows during the year. If so, the College reduces the carrying amount of any impaired financial assets to the highest of: the present value of cash flows expected to be generated by holding the assets; the amount that could be realized by selling the assets; and the amount expected to be realized by exercising any rights to collateral held against those assets. Any impairment loss is recognized in the statement of revenues and expenses.

4. SHORT TERM INVESTMENTS

The short term investments consist of Guaranteed Investment Certificates (GICs) maturing within one year. Restricted investments are included in short term investment. The use of these investments are restricted - see note 9. The short term investments consist of guaranteed investment certificates maturing within one year earning interest of 2.1% to 4.7% (2025 - 1.1% - 5.3%) with various maturity dates from July 2026 to December 2026. The cost plus accrued interest approximates the market value.

5. LONG TERM INVESTMENTS

The long term investments consist of Guaranteed Investment Certificates (GICs) maturing after one year. The long term investments consist of guaranteed investment certificates maturing within one year earning interest of 2.45% to 4.4% (2025 - 2.1% - 4.7%) with various maturity dates from May 2027 to December 2027. The cost plus accrued interest approximates the market value.

College of Respiratory Therapists of Alberta
Notes to Financial Statements
Year Ended January 31, 2026

6. PROPERTY AND EQUIPMENT

	Cost	Accumulated amortization	2026 Net book value	2025 Net book value
Computer hardware	\$ 26,964	\$ 22,538	\$ 4,426	\$ 2,856
Furniture and equipment	27,385	23,806	3,579	3,765
	\$ 54,349	\$ 46,344	\$ 8,005	\$ 6,621

INTANGIBLE ASSETS

	Cost	Accumulated amortization	2026 Net book value	2025 Net book value
Website	\$ 52,123	\$ 32,580	\$ 19,543	\$ 36,917

7. BANK INDEBTEDNESS

The College has a credit card with a limit of \$25,000 and an annual interest rate 19.99%. The College pays the outstanding balance of the credit card at the end of each month. As at January 31, 2026, the balance was \$NIL (2025 - \$738).

8. UNEARNED REVENUE

Membership dues are collected in January, February and March for the period of April 1 to March 31. As at January 31, two months of the services have not been provided for the membership dues and is deferred.

	2026	2025
Memberships	\$ 154,846	\$ 153,861

College of Respiratory Therapists of Alberta
Notes to Financial Statements
Year Ended January 31, 2026

9. RESTRICTIONS ON NET ASSETS

With respect to the net assets of the College; funds will be reserved specifically for the following amounts and purposes:

\$350,000 for business continuation purposes in the event of a public health emergency such as an influenza pandemic or other such event that could potentially jeopardize normal day to day business operations for an extended timeframe. During the year, \$119,233, representing restricted funds previously designated for the establishment of a provincial professional association, was paid to the Alberta Society of Respiratory Therapists and related funds was transferred back from unrestricted funds.

\$200,000 for maintenance of a psychometrically reviewed competency profile for entry to practice into the profession;

\$150,000 for maintenance of a psychometrically reviewed registration examination for entry to practice into the profession.

\$200,000 for a patient relations program.

The Council approved the allocation of \$115,000, plus accrued interest, to be held in restricted funds for the purpose of establishing a provincial professional association. This amount reflects the adjusted value—based on inflation and the Canadian dollar—of funds reported in the 1988 audited financial statements of the former Alberta Society of Respiratory Therapists, as of the time the College was originally established. During the year, the restricted funds, including accrued interest, totaling \$119,233, were paid back to the Alberta Society of Respiratory Therapists.

10. INVESTIGATIONS AND CONDUCT

	2026	2025
Investigations into conduct	\$ 128,601	\$ 34,776
Legal fees associated with conduct and hearings	78,022	93,105
	<u>\$ 206,623</u>	<u>\$ 127,881</u>

College of Respiratory Therapists of Alberta
Notes to Financial Statements
Year Ended January 31, 2026

11. FINANCIAL INSTRUMENTS

The College can be exposed to various risks through its financial instruments. The College's financial instruments in the statement of financial position consist of cash, accounts receivable, marketable securities, accounts payable and accrued liabilities. It is management's opinion that the College is not exposed to significant credit, currency, interest rate, liquidity, or market risk arising from these financial instruments. The fair value of these instruments approximate their carrying value.

Credit risk arises from the potential that a counter party will fail to perform its obligations. The College's main credit risks relate to its accounts receivable.

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The College is exposed to this risk mainly from its accounts payable.

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is mainly exposed to interest rate risk, as described above. Market risks are managed by the application of an approved investment policy that restricts the nature of the investments held.

Subsequent to year end, the College's credit, liquidity and market risk have increased due to the possible delays in the collection of funds from members.

12. COMPARATIVE FIGURES

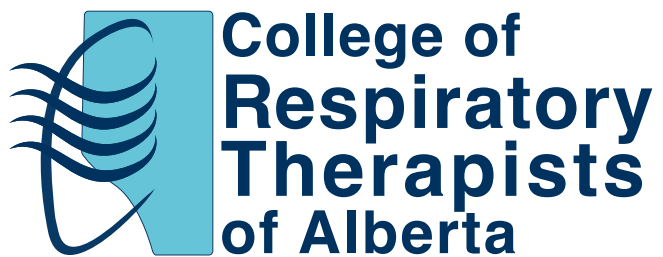
In the prior year comparatives, some of the figures on the statement of operations have been reclassified to conform with the current year's presentation.



This report was designed by Shannon Silver/Idle Light Photography and Design. Shannon is an active RRT and has been at the bedside for 30 years while exploring creative outlets in photography, graphic design and other arts.
www.shannonsilverimages.ca



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Suite 218, 6715- 8th Street N.E.,

Calgary, Alberta, Canada

T2E 7H7

403-274-1828

1-800-205-2778

Fax: 403-274-9703

office@rrtalberta.ca

08:00 am - 4:15 pm Monday thru Friday

WWW.RRTALBERTA.CA