

COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA
ANNUAL REGISTRATION FORM
2011

The Annual Registration Fee is \$375.00 and must be received at the COTNS Office by the renewal date of May 16th, 2011. A late payment of \$75.00 applies to all registration forms received after May 16th, 2011. Incomplete Forms will be returned and a late charge may apply. A guide to assist you in the correct completion of this Form is enclosed.

SECTION 1 NAME and ADDRESS:

Name: _____

Address: _____

Home Telephone _____ E-Mail _____

If you selected French as a language that you are proficient in when you initially registered with the College, would you like to be included in the Directory of French Speaking Health Care Providers in Nova Scotia. Yes No
If you are already in the Directory, please verify the website information at <http://www.gov.ns.ca/health/frhpc>. If changes/updates are required, please follow the procedure on the website.

SECTION 2 CONTINUING COMPETENCY:

The *College of Occupational Therapists of Nova Scotia* has established a Continuing Competency Program to promote quality practice standards among registrants in Nova Scotia. To be eligible to renew or reinstate full registration, COTNS registrants must meet Continuing Competency requirements.

Currency Hours:

- I have worked _____ HOURS (rounded off) between June 1, 2010 and May 31, 2011
- I have not worked between June 1, 2010 and May 31, 2011

Continuing Competency Portfolio (registration year June 1, 2010 to May 31, 2011):

- I have maintained Sections 1 and 4 - Professional Practice Overview and College Documents within the required registration year. Yes No
- I have completed Section 2(a) - Assessment of Current Practice within the required registration year. Yes No Does not apply
- I have completed Section 2(b) - Professional Development Plan within the past two years. Yes No Does not apply

SECTION 3 PROFESSIONAL LIABILITY INSURANCE:

Plan held through: CAOT Employer Private Insurer Expiry Date: _____ Certificate number: _____

I understand it is my responsibility to maintain professional liability insurance coverage throughout my registration and I am insured for practice in all places of employment. Initial here

SECTION 4 NOVA SCOTIA SOCIETY OF OCCUPATIONAL THERAPISTS (NSSOT):

I understand it is my responsibility to maintain membership with the Nova Scotia Society of Occupational Therapists and that the fees have been paid for 2011 – 2012 year Initial here

SECTION 5 EDUCATION QUALIFICATIONS OBTAINED ONLY IN 2010-2011:

Degree _____ University _____ OT
 Non-occupational therapy Masters Degree Post professional masters degree Research Masters Degree PhD

SECTION 6 PROFESSIONAL REGISTRATION (Please answer ALL of the questions):

- (a) Are you currently registered/licensed to practice as an occupational therapist in other provinces/states/countries? _____ Yes No
If Yes, please provide a copy of your current certificate/membership card
- (b) Have you been refused registration in an O.T. Regulatory body since May 31st, 2010? Yes No
- (c) Have you had a finding of, or are you facing a proceeding for, professional misconduct, incompetency, or incapacity in another jurisdiction since May 31st, 2010? Yes No
If Yes, to either of the above, please provide details.

SECTION 7 REGISTRATION IN OTHER REGULATED PROFESSIONS: (Please answer BOTH questions)

- (a) Are you currently registered/licensed to practice in another profession in Nova Scotia or elsewhere? Yes No
Name of Profession: _____
If Yes, please provide a copy of your current certificate/membership card
- (b) Have you had a finding or professional misconduct, incapacity, or incompetency against you in Nova Scotia or in another jurisdiction since May 31st, 2010? Yes No
If Yes, please provide details.

SECTION 8 CONDUCT:

- (a) Have you been convicted or charged with a criminal offense since May 31st, 2010? Yes No
If Yes, please provide details.

Section 9 EMPLOYMENT PROFILE:

This section must be completed each year. Registrants are responsible to notify the College, within 7 days, of any changes in employment.

9(a) EMPLOYMENT STATUS:

- Employed in Occupational Therapy in Nova Scotia
 Employed - on leave Return date: month _____ day _____ year _____
 Seeking Employment in Occupational Therapy in Nova Scotia
 Not Seeking Employment in Occupational Therapy in Nova Scotia

9(b) EMPLOYMENT – PRIMARY: (In Nova Scotia)

Name of Employer: _____ Site of Employment _____

Mailing Address _____
 Street Number and Name or P.O. Box Number _____ City, Town, Village _____
 Province _____ Postal Code _____ Work Telephone: (902) _____

POSTAL CODE REFLECTS SITE OF PRACTICE Yes No

Immediate Supervisor: _____ Supervisor's Telephone: () _____

In which Nova Scotia District do you PRIMARILY work? (Choose only ONE)

- Annapolis Valley Capital / IWK Centre Cape Breton Colchester East Hants Cumberland
 Guysborough Antigonish Strait Pictou County South Shore SouthWest

9(c) EMPLOYMENT CATEGORY – CHECK ONLY ONE**9(d) HOURS**

- Permanent Temporary Self-Employed Casual _____ Hours per week

9(e) POSITION – CHECK ONLY ONE:

- Manager Professional Leader/Coordinator Direct Service Provider Educator Researcher Other _____

9(f) CLIENT AGE RANGE – CHECK ONLY ONE:

- Preschool (0-4) School Age (5-17) Mixed pediatrics (0-17) Adults (18-64) Seniors (65+) Mixed Adults (18-65+) All ages

9(g) EMPLOYMENT TYPE – CHECK ONLY ONE:

- General Hospital Rehabilitation Hospital/Facility Mental Health Hospital/Facility Residential Care Facility
 Assisted Living Residence Community Health Centre Visiting Agency/Business Group Professional Practice/Clinic
 Solo Professional Practice/Clinic Post-Secondary Education Institution School or School Board Association/Government/Para-Government
 Industry, Manufacturing and Commercial Other _____

9(h) AREA OF PRACTICE – CHECK ONLY ONE:

- Mental Health Neurological System Musculoskeletal System Cardiovascular/ Respiratory System
 Digestive/Metabolic/Endocrine System General Physical Health Vocation Rehabilitation Palliative Care
 Health Promotion and Wellness Other areas of Direct Service Client Service Management Medical/Legal related Client Service Management
 Service Administration Teaching Research Other areas of Practice

9(i) FUNDING SOURCE – CHECK ONLY ONE:

- Public/Government Private Sector/Individual Client Public/Private Mix Other funding source

SECTION 10: DECLARATION

I hereby certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause or revocation of any registration/license which may be granted me. I agree to abide by the Act Respecting the Practice of Occupational Therapy in Nova Scotia, and the General Regulations, Registration Regulations, and Professional Corporation Regulations.

Signature of Applicant : _____ Date: _____

Witness Signature: _____ Name of Witness (please print) _____

Full Address of Witness: _____
 Street, etc. _____ Town, City, etc _____ Province _____ Postal Code _____

SECTION 11: PAYMENT ENCLOSED \$375.00 full year \$187.50 Must surrender by August 31, 2011

Payment may be made by Cheque, Money Order or Credit Card (Master Card or Visa)

Credit Card Information: Name on credit card _____ Type of Credit Card _____
 Credit number _____ Expiry date _____

Mail to: College of Occupational Therapists of Nova Scotia
 6960 Mumford Road, Suite 2132B, Halifax, NS B3L 4P1