

ANNUAL REGISTRATION FORM GUIDE

Fully completed registration renewals, documentation and payment (\$375.00) must be received by the renewal date of the 17th day of May. A late fee of \$75.00 will apply after May 17th. Members who do not wish to renew their registration with the College may surrender their license by notice, in writing, or by completing the "document for surrendering" enclosed, to the Board preferably by May 17th. Failure to renew by May 17th or notify the College that you do not wish to renew may result in suspension.

SECTION 1: PERSONAL INFORMATION

Name: Your name as it appears will be the one used on the public register and *must be the name you use in your practice*. A request for change in name must be sent, in writing, on your renewal form or by separate letter.

Home Address: Your **home address and telephone number** are required for your file. All correspondence is sent to this address. You must let this office know immediately of any change in address.

Preferred email: The College only maintains one email address for each registrant and should be a personal/confidential email address (not shared by another OT). The College is investigating the use of electronic means of communication with registrants. Access to email and the College's website will be important for future annual registration renewal and accessing College documents and information. **Please Note:** Email is becoming more important. We are sending out the Continuing Competency E-News by email only!

SECTION 2: CONTINUING COMPETENCY

The College's Continuing Competency Program consists of (a) currency hours and (b) the development and maintenance of the professional portfolio binder provided to you by the College. Both sections must be completed.

2(a) CURRENCY HOURS

Employment hours include direct service hours, planning and development hours, and administrative hours usually recognized in standard workload measurement systems. In calculating total hours worked you must subtract all vacation days, leave of absence days, sick days, maternity leave, and statutory holidays. Please note: 37.5 hours per week is approximately **1763 hours** per year with three weeks vacation and 10 statutory holidays. Currency must be in **hours per year**; hours per week will not be accepted.

2(b) CONTINUING COMPETENCY PORTFOLIO

Sections 1 and 4 of the professional portfolio **must** be completed and maintained on an annual basis, by all registrants, regardless of your registration date, in order to maintain licensure with the College. Section 2(a) **must** be completed by all registrants who were registered to practice as of December 31st each year.

Please indicate that you have completed and/or maintained these sections by checking the appropriate box and initialing where requested.

SECTION 3: PROFESSIONAL LIABILITY INSURANCE

All members must hold professional liability insurance in the amount of \$5,000,000.00, with a legal expenses endorsement for investigation of complaints by a regulatory body.

As a condition of registration with the COTNS, it is your responsibility to ensure that your professional liability insurance remains current and valid for the entire registration year for all practice settings. Proof of professional liability insurance (copy of **certificate** from CAOT or written notification from employer or another agency) **must** be submitted with this renewal form.

SECTION 4: NSSOT FEES

In order to become licensed in Nova Scotia, occupational therapists must pay the prescribed Registration Fee of the Nova Scotia Society of Occupational Therapists (NSSOT) in accordance with Section 27(2) of the *Occupational Therapists Act* (1998) every year by the renewal date. If the Society notifies COTNS that you have not paid your Society fees, your licence may be suspended until confirmation is received that it is paid. It is your responsibility to ensure that your NSSOT Membership is paid each year.

SECTION 5: EDUCATION

The College can maintain education records for up to 3 OT degrees and up to 2 degrees from other disciplines. Provide full details of all **new academic qualifications** earned since the registration period **2009**. You do not need to provide your entry level OT education information on your annual registration form. **ONLY** enter Education Degrees conferred during the past year.

SECTION 6: PROFESSIONAL REGISTRATION

Questions (a), (b) and (c) **must be** answered.

SECTION 7: REGISTRATION IN OTHER REGULATED PROFESSIONS

Both questions (a) and (b) **must be** answered.

SECTION 8: CONDUCT

Question (a) **must be** answered.

SECTION 9: EMPLOYMENT PROFILE

This section MUST be completed if you are employed. Information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the Public Register under the *Occupational Therapy Act*.

NOTE: Registrants who are self-employed and provide business information that is the same as their personal contact information must be aware that the business information may be disclosed as a result of requests to verify registration status or requests for information on the public register.

Carefully review the explanations and definitions provided for each section of the employment profile. It is important to select only one descriptor; therefore, please select the ONE that best describes the majority of work for that employment. Also note that the College requires detailed information for **ALL** places of employment.

9(a): EMPLOYMENT STATUS

Indicate your current status by choosing the appropriate response that describes your situation. **If at any time throughout the year your employment status changes you are obligated to inform the College, in writing, within 7 days of the change.**

9(b): CONTACT INFORMATION FOR PRIMARY, SECONDARY AND TERTIARY EMPLOYMENT

You may enter full and complete data for up to three employers. For primary employer/employment complete it on the renewal form. If you have secondary or third employment enter them on the sheets attached to the renewal form.

Primary Employment: refers to the employment with an employer, or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Secondary Employment: refers to the employment associated with the second highest number of usual weekly hours worked, whether employed or self-employed.

Third Employment: refers to the employment associated with the third highest number of usual weekly hours worked, whether employed or self-employed.

NAME OF EMPLOYER

This is the name of your employer; eg, Capital District Health Authority. If you are self-employed, you do not need to provide the College with a list of your contracts. Provide the self employment information **ONLY** once unless you provide self employment services under different names.

SITE OF EMPLOYMENT

Some employers, e.g. Capital District Health Authority, have multiple sites of practice; you must identify at which one you provide service, e.g., Halifax Infirmary.

POSTAL CODE REFLECTS SITE OF PRACTICE

For all employment, indicate whether or not the postal code reflects the site where you practice. This data is intended to identify OT's who typically work at multiple sites within the community (e.g. client's home, worksites), potentially some distance from an employer/business office location. If you select **NO** this means that the employer/business office is different than the location where you deliver service.

NOVA SCOTIA DISTRICT

Select **ONE** descriptor that best identifies the district in which you are employed.

9(c) EMPLOYMENT CATEGORY

Select the **ONE** descriptor that best identifies your category of employment for each place of employment.

Permanent Employee – Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

Temporary Employee – Status with employer is temporary with fixed duration of employment, based on a defined start and end date and guaranteed or fixed hours of work per week.

Casual Employee – Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

Self-employed – A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

9(d) FULL-TIME / PART-TIME STATUS

Select the **ONE** descriptor that best identifies your employment status for each place of employment.

Full-time Official status with employer is full-time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

Part-time – Official status with employer is part-time, or usual hours of work are less than 30 hours per week.

Hours per week – These are the average weekly hours per work week. **You must provide an actual number and not a range; e.g. 8 is acceptable but not 5-10.** These numbers are used for statistics only and your currency hours are used for accuracy. For casual employment where weekly hours fluctuate use your best estimate of a weekly average. If on an approved leave, provide the typical weekly hours for your position.

9(e) POSITION

Select the **ONE** descriptor that best identifies your position for each place of employment.

Manager – Major role is in management. Role may involve the management of a particular program, as in a first level management position, up to the most senior management position.

Professional Leader/Coordinator – Direct service provider with a leadership role in the professional practice within an employment setting.

Direct Service Provider – Major role is in the direct delivery of occupational therapy services, including case management and/or consultation.

Educator – Major role is as an educator for a particular target group.

Researcher – Major role is in knowledge development and dissemination of research.

Other – Position that is not otherwise identified by definitions above. Please use this category **only** if none of the above describes your position.

9(f) CLIENT AGE RANGE

Select the **ONE** descriptor that best represents the client population that you most often work with.

Preschool – Preschool age clients that are between the ages of 0 to 4 years, inclusive.

School age – School age clients that are between the ages of 5 and 17 years, inclusive.

Mixed Pediatrics – Clients that are between the ages of 0 – 17 years, inclusive.

Adults – Adult clients that are between the ages of 18 and 64 years, inclusive.

Seniors – Older adult clients that are 65 years of age and older.

Mixed Adults (18 – 65+) - Clients that are 18 years and older.

All Ages – Clients across all age ranges.

9(g) EMPLOYMENT TYPE

Select the **ONE** descriptor that best identifies your employment type (whether an employee or self-employed) for each place of employment. **This is at the service delivery level.** Service delivery level refers to the location where you are directly engaged in your occupational practice.

General Hospital – A health care facility that offers a range of inpatient and outpatient health care services (for example, medical, surgical, psychiatry etc.) available to the target population. Includes specialty hospitals not otherwise classified.

Rehabilitation Hospital/Facility – Health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

Mental Health Hospital/Facility – Health care facility that has as its primary focus the acute or post-acute, inpatient and/or outpatient, care of individuals with mental health issues and illness.

Residential Care Facility – Refers to a licensed or regulated health facility that provides 24-hour skilled or immediate nursing care (that is, qualified nurses are on-site and available to respond immediately, if required). Includes long-term care facilities, nursing homes, special care homes, homes for the aged.

Assisted Living Resident – Refers to a non-institutional community setting that integrates a shared living environment with varying degrees of supportive services of the following types: supervision, housekeeping, personal care, meal service, transportation, social and recreational opportunities, etc. May have limited medical/nursing services available. Includes group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.

Community Health Centre – A community-based organization that may be the first-point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services, including occupational therapy.

Visiting Agency/Business – A community-based agency or group professional practice/business focused on delivering health services, including occupational therapy, in the client's environment such as the home or workplace.

Group Professional Practice/Clinic – A community-based group professional practice/business or clinic organized around the delivery of primarily onsite health services, including occupational therapy, by a group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved; however, the health professionals are the focus of service provision.

Solo Professional Practice/Clinic – A community-based professional practice/business organized around the delivery of occupational therapy health services, by a single professional. Support staff may also be involved; however, the health professional is the focus of service provision.

Post-Secondary Education Institution – A postsecondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of education.

School or School Board – A primary, elementary or secondary school (or equivalent institution), or the associated school board (or equivalent entity) that has responsibility for the governance and management of education funding issued by provincial governments.

Association/Government/Para-Governmental – An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

Industry, Manufacturing and Commercial – A business/industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development, or commercial activity outside of the healthcare system entirely.

Other – Employment type not otherwise described. Please use this category **only** if none of the above describes your position.

9(h) AREA OF PRACTICE

Select only **ONE** descriptor that best identifies the area of practice for each employment. It is common for OT's to work in a number of areas; however you are requested to select only ONE area that best represents the majority of your practice.

Areas of Direct Services - Physical Health

Neurological System – Services provided to clients with a variety of neurological health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

Musculoskeletal System – Services provided to clients with a variety of musculoskeletal health issues that require interventions focusing on maintaining/ optimizing the occupational performance of the life of an individual.

Cardiovascular and Respiratory System – Services provided to clients with a variety of cardiovascular and/or respiratory health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

Digestive/Metabolic/Endocrine System – Services provided to clients with a variety of digestive, metabolic and/or endocrine related health issues that require interventions focusing on maintaining/ optimizing the occupational performance of the life of an individual.

General Physical Health – Services provided to clients with a variety of general physical health issues requiring interventions focusing on maintaining/ optimizing the occupational performance of the life of an individual.

Additional Areas of Direct service

Mental Health – Services provided to clients with a variety of mental health issues that required interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

Vocational Rehabilitation – Service provided with the purpose of enabling clients to participate in productive occupation(s).

Palliative Care – Services provided to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

Health Promotion and Wellness - Services provided with the purpose of improving the health of clients through functions of health promotion, health protection, health surveillance and population health assessment.

Other Areas of Direct Service – Area of direct service not otherwise identified. Please use this category **only** if none of the above describes your position.

Areas of Client Management

Client Service Management – Focus of activities is the management of client services across the health care continuum, specifically the coordination of multiple services as required for client care.

Medical/Legal Related Client Service Management – Focus of activities is expert guidance on occupational therapy related medical and/or legal issues associated with client care.

Areas of Administration

Service Administration – Focus of activities is on the management of services, or the development of policy and/or programs.

Areas of Education

Teaching – Focus of activities is directed at providing postsecondary teaching to individuals registered in formal education programs.

Areas of Research

Research – Focus of activities is in knowledge development and dissemination of research.

Other Areas of Practice – Area of practice not otherwise described. Please use this category **only** if none of the above describes your position.

9(i) FUNDING SOURCE

Select the **ONE** descriptor that best describes the majority of the funding source for each employment.

Public/Government - The public sector is the main source of funding for employed activities.

Private Sector/Individual Client – A private sector entity or an individual client is the primary source of funding for employed activities.

Public/Private Mix – Funding for employed activities is derived from a mixture of public and private sources.

Other Funding Source – Funding source not otherwise described.

SECTION 10: DECLARATION

The Annual Registration Form is a legal document and must be signed by you but also witnessed. The witness can be anyone who knows you, example a spouse or a colleague. **If this section is not completed properly, your form will be returned to you and the late payment fee may apply.**

SECTION 11 METHOD OF PAYMENT

Payment shall be made in full by cheque or money order payable to “College of Occupational Therapists of Nova Scotia” or “COTNS”. Post-dated cheques will be accepted but **must be** post-dated no later than **May 17th, 2010.**

Your registration renewal will not be considered complete until both your completed form, Certificate of Insurance for Professional Liability and fee payment are received.

DOCUMENTATION AND PAYMENT ARE REQUIRED TO BE IN THIS OFFICE BY **MAY 17TH**, 14 days prior to the expiration of your license.

Completed forms, documentation and fees not received in this office by May 17th, 2010, will be charged the late fee (\$75.00). If they are received in this Office on May 18th, they will not be processed until the late fee is received.

All cheques returned to the College as **NSF** will be charged a **\$25.00** and a late penalty may also apply.