



**College of Occupational Therapists of Nova Scotia**  
**Regulating the profession of O.T. in the province of Nova Scotia**  
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## **LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION FORM**

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### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, having reviewed the application information regarding the  
(Name of Applicant)

Labour Mobility Support Agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of  
\_\_\_\_\_ I hereby authorize the

(Originating Province)

\_\_\_\_\_  
(Name & address of Occupational Therapy Regulatory Authority - originating)

to answer the following questions on my registration status for the completion of the Labour Mobility Support Agreement Confirmation Form (below) and forward to the:

**College of Occupational Therapists of Nova Scotia**  
**7001 Mumford Road, Halifax Shopping Centre, Box 11**  
**Halifax, NS B3L 2H8**

Further I give permission for the originating regulatory organization to provide the receiving regulatory organization with:

- o a verified copy of my occupational therapy degree and/or university transcript
- o a verified copy of confirmation of successful completion of the required examination; and
- o a verified copy of regulatory history forms on file \*.

While in your province I was registered for these dates \_\_\_\_\_

\_\_\_\_\_ under the name(s) \_\_\_\_\_

My registration number is/or was \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

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### **\*NOTE**

- 1) You must also make arrangements to have the originating jurisdiction complete a current regulatory history form if this is required by the receiving jurisdiction. The LMSA confirmation form only permits the sharing of information on file with the originating jurisdiction, collected at the time of your application with the originating jurisdiction.
- 2) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the originating jurisdiction.
- 3) If the originating jurisdiction does not have documents in your file, you may be asked by the receiving jurisdiction to produce them. If you are eligible to transfer under the Agreement of Internal Trade / Labour Mobility Support Agreement, this does not affect your ability to do so.

**LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) / AGREEMENT OF INTERNAL TRADE CONFIRMATION**

APPLICANT'S NAME: \_\_\_\_\_

1. The applicant's documentation has been authenticated by, on behalf of, your organization.

\_\_\_\_\_ No \_\_\_\_\_ Yes

Please specify and if no, please provide reasons

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION/REGISTRATION**

2. This person has graduated with a degree in occupational therapy from a Canadian program in (Year) \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Yes

Please specify name of degree, educational institution.

\_\_\_\_\_

Transcript attached. \_\_\_\_\_ No \_\_\_\_\_ Yes

If degree or university transcript not attached provide reasons. \_\_\_\_\_

**EXAMINATION**

3. Check the information that best describes this individual.

Completion of an examination is not a registration requirement in our province.

Completion of the examination was not a registration requirement for this individual. Provide reasons:

\_\_\_\_\_

\_\_\_\_\_

This individual successfully completed the required examination in (Year) \_\_\_\_\_

Confirmation documentation of this is attached. \_\_\_\_\_ No \_\_\_\_\_ Yes

If no, provide reasons, \_\_\_\_\_

\_\_\_\_\_

**REGULATORY HISTORY**

4. Has this person been licensed / registered to practise occupational therapy, without restrictions, in your jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Currently registered

Dates of registration \_\_\_\_\_

If "No" please provide reasons

\_\_\_\_\_

\_\_\_\_\_

The following documents are enclosed: official signature and/or seal indicate true copies of document on file.

o a verified copy of occupational therapy degree and/or university transcript

o a verified copy of confirmation of successful completion of the required examination; and

o a verified copy of regulatory history forms on file.

\_\_\_\_\_  
Name of Registrar or Designate (Please Print)

Please  
affix  
seal

\_\_\_\_\_  
(Signature of Registrar or Designate)

\_\_\_\_\_  
(Date)