



COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA REGISTRATION APPLICATION FORM

Surname: _____ Given Name(s): _____ Previous Surname: _____ Name used in Practice: _____

Address: _____
Apartment Number Street Number/P.O. Box Street Name

City/Town Province Country Postal Code

Home Telephone: () _____ Date of Birth (M/D/Y): _____ Male Female
Preferred Email: _____ If business, are you permitted to receive College materials via email? YES NO

A passport-size **Photograph NOTARIZED** by a Notary of the Public must be included with this application YES NO

Have you ever been registered with the College of Occupational Therapists of Nova Scotia (previously NSAOT) YES NO

Are you applying under the Mutual Recognition Agreement (MRA)? YES NO

Mobility Provisions: Applicants currently registered with another OT regulatory organization in Canada may be eligible to apply under the Mutual Recognition Agreement (MRA). Contact the college for more information.

Section 2 CITIZENSHIP

Are you a Canadian Citizen? If yes, a copy of your birth certificate must accompany this application YES NO
If not Canadian, are you a permanent resident/landed immigrant of Canada? YES NO

If not, do you have employment authorization under the *Immigration and Refugee Protection Act*? YES NO

Note: A copy of Documentation verifying your citizenship status must accompany this application.

Section 3 LANGUAGE FLUENCY

First Language _____ Language of OT Instruction _____

Other Languages spoken and/or written: _____

Note: If your first language or language of O.T. instruction is not English or French, evidence of reasonable oral & written fluency is required.

Section 4 CERTIFICATION EXAM

Have you successfully completed the CAOT Certification Exam? YES NO Exam Date (dd/mm/yyyy) _____

If no, have you attempted the CAOT Certification Exam? YES NO Exam Date (s) (dd/mm/yyyy) _____

Provide date you are registered to write CAOT Certification Exam YES NO Exam Date (dd/mm/yyyy) _____

Have you maintained a practice in Canada since 1998? YES NO

Section 5 EDUCATION BACKGROUND

(a) Occupational Therapy Education: (Please check all that apply)

	School/College/University	Year	Prov/Country	School/College/University	Year	Prov/Country
<input type="checkbox"/> Diploma	_____	_____	_____	<input type="checkbox"/> Baccalaureate	_____	_____
<input type="checkbox"/> Masters	_____	_____	_____	<input type="checkbox"/> Doctorate	_____	_____

(b) Other Education Qualifications: (Please check all that apply)

(1) Diploma Baccalaureate _____
 Masters Doctorate _____
School/College/University Year Prov/Country Field of Study

(2) Diploma Baccalaureate _____
 Masters Doctorate _____
School/College/University Year Prov/Country Field of Study

Using the following fields of study, select the **one number** that best describes your education qualification and write it in the space for each of the above.

- | | | |
|--|--|--|
| (1) General Rehabilitation Science | (2) Health Administration/Management | (3) Public Administration |
| (4) Public Health | (5) Kinesiology and Exercise Science | (6) Gerontology |
| (7) Psychology | (8) Health Professions and Related Clinical Sciences | (9) Biology, Biomedical Sciences and Physical Sciences |
| (10) Social Sciences, Arts and Humanities | (11) Education | (12) Law |
| (13) Business, Management, Marketing & Related | (14) Other Field of Study | |

Section 6 CURRENCY HOURS

- I have graduated from an approved Occupational Therapy Program within the past 18 months.
- I have worked at least 1200 hours within the past 5 years.
- I have completed a re-entry/refresher program within the past 18 months.
- I do not meet currency requirements and am applying for re-entry the program. The "Proposal for Re-entry Program" **must be** included with this document.

Please complete the following currency hours breakdown for any work completed in any or all of the past 5 years:

I have worked _____ hours from **June 1, 2009 – May 31, 2010**

I have worked _____ hours from **June 1, 2008 – May 31, 2009**

I have worked _____ hours from **June 1, 2007 – May 31, 2008**

I have worked _____ hours from **June 1, 2006 – May 31, 2007**

I have worked _____ hours from **June 1, 2005 – May 31, 2006**

Section 7 CURRICULUM VITAE

Attached

Section 8 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

Certificate attached

Section 9 PAYMENT OF NOVA SCOTIA SOCIETY OF OCCUPATIONAL THERAPISTS (NSSOT) FEES

I have paid my Registration Fee to NSSOT for this year.

Yes No

If no, then you must submit proof to this College within 30 days of this application that the NSSOT fees are paid.

Section 10 EMPLOYMENT PROFILE

(a) EMPLOYMENT STATUS

- Recently hired in Occupational Therapy in Nova Scotia or are returning to work after a Leave of Absence

Proposed start date: ____/____/____
M D Y

If you answered yes, complete the employment Profile below. If you have not yet secured employment, proceed to Section 9. Once you have secured employment, you must inform the College within 7 days of starting employment. A form can be found on the College's website (www.cotns.ca) for submitting employment updates/changes in status.

- Seeking Employment in Occupational Therapy in Nova Scotia
- Not Seeking Employment in Occupational Therapy in Nova Scotia
- Re-entry

Proposed start date: ____/____/____
M D Y

(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

Postal Code reflects Site of Practice Yes No

Private Practice Yes No

Job Title: _____ Work Telephone: (902) _____ Work Fax: (902) _____

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

Email (Optional): _____

In which **Nova Scotia District** do you **PRIMARILY** work?

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

(c) EMPLOYMENT CATEGORY – CHECK ONLY ONE:

- Permanent Temporary Self-Employed Casual

(d) HOURS - CHECK ONLY ONE

- Full-time _____ Hours per week Part-time _____ Hours per week

(e) POSITION – CHECK ONLY ONE:

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

(f) CLIENT AGE RANGE – CHECK ONLY ONE:

- Preschool (0-4) School Age (5-17) Mixed pediatrics (1-17) Adults (18-64) Seniors (65+) Mixed Adults (18-65+) All ages

(g) EMPLOYMENT TYPE – CHECK ONLY ONE:

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

(h) AREA OF PRACTICE – CHECK ONLY ONE:

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

(i) FUNDING SOURCE – CHECK ONLY ONE:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Public/Government | <input type="checkbox"/> Private Sector/Individual Client | <input type="checkbox"/> Public/Private Mix | <input type="checkbox"/> Other funding source |
|--|---|---|---|

Section 11 PROFESSIONAL REGISTRATION:

Are you or have you ever been registered/licensed to practice as an occupational therapist in other provinces/states/countries Yes No

If yes, provide the information below for **EACH** registration or license.

Note: Authorization for Release of Information/Registration in Good Standing Form(s) must be completed by each Regulatory Authority where you have practised.

Regulatory Body	Prov/State/Country	License/Registration No.	Expiry Date
_____	_____	_____	_____
Regulatory Body	Prov/State/Country	License/Registration No.	Expiry Date
_____	_____	_____	_____

Section 12 REGISTRATION IN OTHER REGULATED PROFESSIONS: (Please answer BOTH questions)

1. Are you or have you ever been registered/licensed to practice in another regulated profession in Nova Scotia or elsewhere? Yes No

If yes, name the profession(s) _____

Provide the information below for EACH registration or license.

Regulatory Body	Prov/State/Country	License/Registration No.	Expiry Date
_____	_____	_____	_____
Regulatory Body	Prov/State/Country	License/Registration No.	Expiry Date
_____	_____	_____	_____

2. Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incapacity, incompetency or similar issue in Nova Scotia or elsewhere? Yes No

If Yes, please provide details on a separate page.

Section 13 PREVIOUS HISTORY AND CONDUCT:

- (a) Have you been refused registration in an Occupational Therapy Regulatory body? Yes No
- (b) Have you had a finding of, or are you currently facing a proceeding for professional misconduct, competency, or similar issues as an OT in another jurisdiction? Yes No
- (c) Have you been convicted of a criminal offence or are you currently undergoing a criminal investigation? Yes No
- (d) Is there anything else in your previous conduct that would afford reasonable grounds for the belief that you lack the knowledge, skill or judgment to practice safely and ethically? Yes No

If you have answered YES to any of the above questions, please provide full details on a separate page and enclose with your application.

Section 14 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, 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 Province Postal Code

Section 15 PAYMENT

Applications must be accompanied by **cheque or money order** made payable to the College of Occupational Therapists of Nova Scotia or “COTNS” for the full amount. There will be a \$25.00 fee charged for cheques returned for NSF, etc.

2010-2011 New applicants /Re-registrants:	\$375.00
Plus an application fee: \$25.00 Re-Registrants <u>or</u>	_____
\$50.00 New Applicants educated in Canada <u>or</u>	_____
\$75.00 New Applicants educated outside Canada	_____
\$75.00 Re-Entry	_____
Total amount enclosed:	_____

Note: Incomplete applications or applications with missing documentation will delay the processing of your application for registration.

BEFORE MAILING YOUR APPLICATION:

Make sure you have included the items below that apply to your registration. The College cannot issue a certificate of registration until all required documentation is received and verified. **PLEASE REFER TO REGISTRATION FORM GUIDE TO DETERMINE WHAT DOCUMENTS YOU NEED TO INCLUDE IN YOUR APPLICATION!**

EVERYONE must include:

- A completed, signed, dated and witnessed registration form
- A mandatory application fee
- A registration fee
- A copy of your professional liability insurance certificate or a written statement that you have purchased, but not yet received, your insurance certificate sent directly to the College. A copy of that certificate must be forwarded once you receive it.
- A curriculum Vitae
- NSSOT Fees paid

New Members or re-registrants registered with the College before April 1999:

- Documentation to verify Canadian Citizenship, permanent resident, landed immigrant status or employment authorization (e.g. work permit) under the *Immigration Refugee Protection Act or Birth certificate*
 - A written statement from you verifying that your official transcript(s) will be forwarded by the education institution or forwarded under the MRA.
 - Documentation of successful completion of the CAOT exam
- OR
- Verification that you are registered to sit the next CAOT exam and a Sponsorship Form if you wish to work before writing the CAOT
 - A passport-size Photograph NOTARIZED by a Notary of the Public

Other documents you may require are:

- Authorization for Release of Information/Registration in Good Standing Form (s), to be completed and stamp sealed by appropriate Regulatory Authority.
- Documentation of English/French language fluency
- A registration number or copy of registration card from other O.T. regulatory body(ies)
- A registration number or copy of registration card from other professional regulatory body(ies)

COMMENTS

Please use this space to make general comments on the registration form or to ask question(s) you would like answered:

Return the Application Form and all required documentation to:

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