



COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA  
7071 MUMFORD ROAD, HALIFAX SHOPPING CENTRE  
BOX 11, HALIFAX, NS B3L 2H8

Dear Applicant:

Thank you for your interest in applying to the College of Occupational Therapists of Nova Scotia. **It is your responsibility to familiarize yourself with the following documents:** the Nova Scotia *Occupational Therapy Act*, the General Regulations, Registration Regulations, Professional Regulations, and if applicable Sponsorship Acknowledgment Form and Provisional Practising Certificate. These documents may be found under “Registration” on the website under the classification that you are registering under.

Please find attached the Registration Applicant Form Guide and Applicant Form. We **strongly** urge that you follow the **Form Guide**, when completing this application, to ensure all requirements are met and incomplete Applicant Forms are not submitted. **Please complete the appropriate forms and attached all required documents.**

The following is a list to ensure you have included and/or completed everything that is required by the College. By reading the appropriate section of the Form Guide, as you complete your application, will help you submit a completed form and all related documents.

**Everyone must submit:**

- 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 must submit (also Re-Registrants (if not already on our file) must submit):**

- 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 LMSA.**
- Documentation of successful completion of the CAOT exam  
OR  
Verification that you are registered to sit the next CAOT exam and if you wish to work while waiting to write the CAOT Exam, a Sponsorship Form
- A passport-size **Photograph** notarized by a **Notary of the Public**
- Documentation of English/French language fluency

**If you are licensed or have previously licensed in another jurisdiction or country or another profession, you must submitted the following:**

- Authorization for Release of Information/Registration in Good Standing Form (s), to be completed and stamp sealed by appropriate Regulatory Authority.
- 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)

Completed applications require a minimum of 10 business days to be processed. **Incomplete applications will be returned.**

**You may not begin working in the Province of Nova Scotia until you have received notification from the College that your application has been approved.**

Should you require any assistance, please do not hesitate to contact the office and we will be pleased to assist you.

Sincerely,

Gayle Salsman, BScOT, OT Reg (NS)  
Registrar

# REGISTRATION APPLICATION FORM GUIDE

## COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA (COTNS)

Please note that this form is a legal document. By signing the declaration you acknowledge that all information you have provided is true. **PRINT** all information carefully. The application will not be processed unless it is complete, signed, witnessed and dated by the applicant and witness. **Applications submitted with any incomplete areas will be sent back to the applicant.**

### Section 1 PERSONAL INFORMATION

(a) Please provide all the requested information in the spaces provided. Your name as it appears will be the one used on the public register and *must be the name you use in your practice*. We must **always** have your current home address and telephone number on file for the register. Your registration card, certificate and tax receipt will contain the information you provide here.

(b) The College is investigating the use of electronic means of communication with registrants. Access to email and the College's website may be important for future annual registration renewal and accessing College documents and information. Please indicate if you have access to electronic means of communication.

(c) Please indicate, by selecting the appropriate box, whether or not you have previously held a certificate of registration with this College.

(d) A passport-size Photograph NOTARIZED by a Notary of the Public must accompany all new applications. Re-registrants that were members prior to April 1999 must also submit a NOTARIZED Photograph.

(e) If you hold a valid OT registration in another Canadian province, you may be eligible to apply to the College under the LMSA. To determine if you are eligible, please refer to the Labour Mobility Service Agreement Application Form/information guide found on our website, [www.cotns.ca](http://www.cotns.ca) or call this office.

### Section 2 CITIZENSHIP

You must submit proof that you are a Canadian citizen or are eligible to work in Canada under the Immigration and Refugee Protection Act or the North American Free Trade Agreement. Documentation verifying your Canadian citizenship, landed immigrant status or proof of valid work visa must accompany this form. **If you were born in Canada, a copy of your birth certificate must be included.**

### Section 3 LANGUAGE FLUENCY

Documentation of Fluency in English or French is required only if the applicant's first language or the language of OT instruction was **NOT** English or French. Examples of evidence are achieving a score of at least 580 on the Test of English as a Foreign Language (TOEFL) or at least 90 on the Michigan Test. You must be proficient in the language in which you practice in NS. The Registrar reserves the right to request further documentation from applicants, where needed.

### Section 4 CERTIFICATION EXAMINATION

The College of Occupational Therapists of Nova Scotia (COTNS) requires all new applicants write the CAOT Certification Examination unless considered exempt. Individuals who have maintained currency, and who have graduated from a Canadian University prior to 1998, or foreign

trained individuals who established and maintained a practice in Canada may not have to meet the exam requirement.

New applicants must submit evidence that they have written the certification examination or that they are eligible to do so. Applicants waiting to write the exam must have made arrangements to work in a supervised practice setting and completed and submitted the Sponsorship Form to the College along with all other required documents before a provisional registration is granted. Once the examination has been written, proof of passing the examination must be submitted to the Registrar. A provisional registration may be extended to allow for sufficient time to permit examination candidates to write the examination on a second occasion if necessary.

### Section 5 EDUCATIONAL BACKGROUND

An official certified transcript verifying your occupational therapy education is required from your educational institution. Please provide documentation or a written statement that the educational institution is forwarding your official certified transcript(s) directly to COTNS. Your official certified transcript must be received before registration can be finalized.

In an effort to assist the Canadian Institute for Health Information (CIHI) with the development and maintenance of a national database for health human resource planning of OT's in Canada, the College has added new components to its data collection. The College will now maintain all OT educational qualifications for each member as well as up to two other academic credentials other than OT.

### Section 6 CURRENCY HOURS

Currency hours include direct service hours, planning and development hours and administrative hours usually recognized in standard workload measurement systems. Volunteer hours cannot be considered for currency. In calculating total hours worked you must subtract all vacation days, leave of absence days, sick days, maternity leave, etc. within reason. If you generally work full-time and have had no lengthy absences from work you will meet the requirement without question. (Please note: 37.5 hours per week is approximately **1763 hours** per year with three weeks vacation and 10 statutory holidays.) **Currency hours must be in hours per year, weeks per year will not be accepted.**

New graduates of APPROVED Occupational Therapy programs within the past 18 months, who have completed a minimum of 1000 hours of field work, are exempt from this requirement.

If you are enrolled in a Master's Program or other educational pursuits, you do not have to register with the College as long as you do not intend to use the title "occupational therapist" or "O.T." Some therapists may wish to maintain their registration while engaged in such a program and will be granted non-practicing status. The currency requirements related to recent

undergraduates, also applies to post-graduates of Occupational Therapy and OT-related Master's programs. You are considered current for 18 months after graduation. NOTE: Post-graduate degrees must be reviewed and approved by the Registrar for this policy to apply.

Master's students who continue to practice as occupational therapists and who use the title "O.T." are required to register with the College and can continue to accumulate currency hours if they are employed as an occupational therapist.

### Section 7 CURRICULUM VITAE

You must submit curriculum vitae with a chronological listing of previous education and employment that includes a description of your clinical and non-clinical experience detailing dates, names and place of employment and hours worked.

### Section 8 PROFESSIONAL LIABILITY INSURANCE

Liability insurance is mandatory for registration. 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. Proof of professional liability insurance (copy of certificate from CAOT or written notification from employer or another agency) **must** be submitted with this application form. If certificate is not available than a letter stating that you have paid professional liability insurance must be submitted and the certificate is to be sent as soon as it is received.

### Section 9 NSSOT FEES

In order to become licensed in Nova Scotia, it is mandatory that applicants pay the required fees of the Nova Scotia Society of Occupational Therapists (NSSOT) within 30 days of first becoming registered with the College in accordance with Section 27(2) of the *Occupational Therapists Act* (1998). If the NSSOT fees are not paid at the time of the COTNS application, then proof must be provided to COTNS within the 30 days that this requirement has been met. If proof has not been received within the 30 days, the licence **will be** suspended.

### Section 10 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.

### 10(a) EMPLOYMENT STATUS

Indicate your current status by placing a check mark in the appropriate box. If you have recently been hired as an OT or are returning to practice after a leave of absence, please indicate the proposed start date. Note: you cannot start working or using the OT title until you have received confirmation from the College. **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.**

### 10(b) CONTACT INFORMATION FOR PRIMARY, SECONDARY AND THIRD 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 registration 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; e.g., 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.

### 10(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.

#### **10 (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.

#### **10(e) POSITION**

Select the **ONE** descriptor that best identifies your position for each place of employment. Position definitions are described below.

**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.

#### **10(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** – Clients that are 18 years and older (18-65+).

**All Ages** – Clients across all ages ranges.

**Other** – Direct service is not associated with one main age range of clients.

#### **10(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.

**Sole Professional Practice/Business** – 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.

#### **10(h) AREA OF PRACTICE**

Select the **ONE** descriptor that best identifies the area of practice for each place of 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.

### **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.

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

### **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.

### **10(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 11 PROFESSIONAL REGISTRATION**

Please remember to indicate all jurisdictions in which you currently hold a license to practice occupational therapy. Verification letters of good standing and conduct from **all** licensing bodies in which you have practiced in the past must be sent to the College directly from the Regulatory Body in question. A Form for the purpose of verifying conduct in another jurisdiction has been included or print one from our website and copies made for each jurisdiction. Applicants are expected to incur all costs/fees associated with the procurement of verification letters from other jurisdictions. You should also forward copies of any licenses to practice OT in other jurisdictions that you may possess.

### **Section 12 REGISTRATION IN OTHER REGULATED PROFESSIONS**

Your registration number or a photocopy of your registration card is required as well as a verification of your conduct in that profession. Ensure you indicate the name of the profession on the form. This section refers to licenses held in other regulated professions ONLY.

### **Section 13 PREVIOUS HISTORY AND CONDUCT**

If you have a criminal record, please provide a copy of your record with your application.

### **Section 14 DECLARATION**

The Registration Form is a legal document and must be signed by you and 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 will delay the process.**

### **Section 15 METHOD OF PAYMENT**

Payment shall be made in full by cheque or by money order payable to “College of Occupational Therapists of Nova Scotia” or “COTNS”. Please make sure your cheque is made out correctly and appropriate date and includes the registration fee and appropriate application fee. There will be a \$25.00 charge for NSF cheques.



# 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 Labour Mobility Support Agreement (LMSA)?  YES  NO

Mobility Provisions: Applicants currently registered with another OT regulatory organization in Canada may be eligible to apply under the Lab our Mobility Service Agreement (LMSA). Contact the college for more information. M

## 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) <input type="checkbox"/> Diploma	<input type="checkbox"/> Baccalaureate	_____	_____	_____	_____
<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	_____	_____	_____	_____
		School/College/University	Year	Prov/Country	Field of Study
(2) <input type="checkbox"/> Diploma	<input type="checkbox"/> Baccalaureate	_____	_____	_____	_____
<input type="checkbox"/> Masters	<input type="checkbox"/> 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](http://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:**

- 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 \_\_\_\_\_

**(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

**(i) FUNDING SOURCE – CHECK ONLY ONE:**

- Public/Government    Private Sector/Individual Client    Public/Private Mix    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
_____	_____	_____	_____
_____	_____	_____	_____

**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
_____	_____	_____	_____
_____	_____	_____	_____

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.

<b>2009-2010 New applicants /Re-registrants:</b>	<b>\$375.00</b>
<b>Plus an application fee: \$25.00 Re-Registrants <u>or</u></b>	_____
<b>\$50.00 New Applicants educated in Canada <u>or</u></b>	_____
<b>\$75.00 New Applicants educated outside Canada</b>	_____
<b>\$75.00 Re-Entry</b>	_____
<b>Total amount enclosed:</b>	

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