



College of Occupational Therapists of Nova Scotia  
6960 Mumford Road, Suite 2132B  
Halifax, NS B3L 4P1  
Tel.No. (902) 455-0556 or 1-877-455-0556  
Fax. No. (902) 455-0621  
Email Address: [admin@cotns.ca](mailto:admin@cotns.ca)  
Website: [www.cotns.ca](http://www.cotns.ca)

## SPONSORSHIP ACKNOWLEDGEMENT FORM

I hereby confirm that I will provide supervision for \_\_\_\_\_ (name of provisional registrant) throughout his or her employment period while registered with COTNS as a provisional practising registrant.

I agree to adhere to Occupational Therapists Act, Registration Regulations, Section 42 (2) regarding sponsorship as outlined below.

A sponsor referred to in subsection (1) shall

- (a) be registered with the College but not currently practising under a provisional registration pursuant to Section 20 of the Act or registered in the Defined Register pursuant to Section 22 of the Act;
- (b) reside in the Province;
- (c) unless exempted by the Registrar, practise occupational therapy at the same site as the sponsored person;
- (d) be engaged in a scope of practice comparable to that of the sponsored person;
- (e) enter into a written agreement with the College with such terms and conditions as may be determined by the Board to be applicable to the relationship between the College, the sponsor and the sponsored person;
- (f) report in writing on a regular basis, as considered necessary by the Board, on the performance of the sponsored person;
- (g) notify the College promptly if concerned about the practice of the sponsored person or if any change in supervision occurs; and
- (h) comply with any other requirements considered necessary by the Board.

The name of the Supervising Therapist (s): \_\_\_\_\_  
Please Print

COTNS Registration Number (s): \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Work Place: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_