

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 under "**NAME USED IN PRACTICE**" will be the one used on the public register and *must be the name you use in your practice*. Your registration card, certificate and tax receipt will contain the "**NAME USED IN PRACTICE**". We must **always** have your current home address and telephone number on file for the register.

(b) **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!

(c) A 2" x 3" (approximate) 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.

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

(e) If you hold a current occupational therapy registration in another Canadian province, you are eligible to apply to the College under the Labour Mobility Support Agreement (LMSA). Please complete the LMSA Form and submit it to your current jurisdiction.

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

Evidence of oral and written fluency in English is required if your first language or your language of occupational therapy instruction is not English. Documentation is required that verifies you have achieved a College accepted score on the Test of English as a Foreign Language (TOEFL), a standardized fluency test recognized in Canada and the TSE (Test of Spoken English) or the IELTS (International English Language Testing System). When applying for the tests, please arrange to have your test scores sent directly to COTNS.

Section 4 CERTIFICATION EXAMINATION

The College of Occupational Therapists of Nova Scotia (COTNS) requires all new applicants write the National Occupational Therapy Certification Examination (NOTCE), previously CAOT Exam, unless considered exempt.

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.

You must include all attempts to write the NOTCE.

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) stating that you have been awarded an occupational therapy degree directly to this College. Your official certified transcript must be received before registration can be finalized.

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. Please use this category **ONLY** if none of the above describes your position.

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.

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. Please use this category **ONLY** if none of the above describes your position.

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.