



COLLEGE of OCCUPATIONAL THERAPISTS of NOVA SCOTIA

203- 380 Bedford Highway, Halifax NS B3M 2L4

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Regulatory History Form AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name: License #
Applicant's Address:
Applicant's Signature: Date:
Witness' Signature: Date:

I am applying for registration to practice as an occupational therapist in the province of Nova Scotia. The College of Occupational Therapists of Nova Scotia requires verification of registration from each province/jurisdiction wherein I hold or have held a licence or have been registered. This is your authority to release any information in your files, favourable or otherwise, directly to the College of Occupational Therapists of Nova Scotia at the address indicated above.

Within the past ten (10) years, has this person ever been licensed or registered to practice occupational therapy in your jurisdiction? No Yes Dates:
Are or were there any conditions/restrictions to his/her licence or registration to occupational therapy in your jurisdiction? No Yes If yes, please describe:
Has this person been the subject of any disciplinary action by your organization within the past five (5) years? No Yes If yes, please describe the finding(s) and the penalty:
Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time? No Yes If yes, please explain:

Name of Registrar (Please print)

Signature of Registrar or Designate

Name and Address of Regulatory Board

Date

Please Affix Seal