

PERSONAL INFORMATION UPDATE

Name of Occupational Therapist: _____

COTNS Registration #: _____

Date Effective: _____

Please complete the following applicable sections and return to the above address:

Name Change: _____

Do you need a new certificate and membership card for this name change? _____

New Address: _____

Street Number and Name or P.O. Box Number

City, Town, Village

Province

Postal Code

New Telephone No: (902) _____ (WORK) (902) _____ (HOME)

New Fax No: (902) _____ (WORK) (902) _____ (HOME)

New E-mail Address: _____

Comments: _____

UPDATED IN OFFICE COMPUTER/FILES: _____