

REGISTRATION APPLICATION FORM

Section 1 PERSONAL INFORMATION

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: _____

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

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

Language spoken at home _____ Language of OT Instruction _____

Other Languages spoken: _____ Other Languages Written: _____

Section 4 NATIONAL OCCUPATIONAL THERAPY CERTIFICATION EXAM (NOTCE) Formerly CAOT Exam

I passed the NOTCE on: Exam Date (dd/mm/yyyy) _____

I am registered to write the NOTCE on: Exam Date (dd/mm/yyyy) _____

I was not successful writing the NOTCE Exam Date (s) (dd/mm/yyyy) _____

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, 2016 – May 31, 2017**

I have worked _____ hours from **June 1, 2015 – May 31, 2016**

I have worked _____ hours from **June 1, 2014 – May 31, 2015**

I have worked _____ hours from **June 1, 2013 – May 31, 2014**

I have worked _____ hours from **June 1, 2012 – May 31, 2013**

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) 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 SITE REFLECTS SITE OF PRACTICE Yes No

PRIVATE PRACTICE Yes No

Job Title: _____ Work Telephone: (902) _____ Work Fax: (902) _____

Immediate Supervisor: _____ Supervisor’s Telephone: () _____

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
_____	_____	_____	_____
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
_____	_____	_____	_____
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.

2016-2017 New applicants /Re-registrants:	\$450.00
Plus an application fee: \$25.00 Re-Registrants or LMSA	_____
\$50.00 New Applicants educated in Canada or	_____
\$75.00 New Applicants educated outside Canada	_____
\$75.00 Re-Entry	_____
Total amount enclosed:	_____

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
203-380 Bedford Highway, Halifax NS, B3M 2L4