



203-380 Bedford Highway, Halifax NS, B3M 2L4 Fax (902-455-0621)

Regulatory History Form
AUTHORIZATION FOR RELEASE OF INFORMATION

Table with 2 columns: Field Name and Field Type. Fields include 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.

Main body of the form containing four questions about licensing history, disciplinary actions, and reasons for non-licensing, each with a Yes/No choice and a space for explanation.

Date

Name of Registrar (Please print)

Signature of Registrar or Designate

Name and Address of Regulatory Board

Please Affix Seal