

COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA
203-380 Bedford Highway, Halifax NS, B3M 2L4

DOCUMENT TO SURRENDER LICENSE

I wish to surrender my registration with the College and I declare that I will not be practicing as an occupational therapist in Nova Scotia after May 31, 2017. Sign below and return this page to the College by **May 17th***.

End date of employment _____ Signature _____

Please indicate the reason for surrendering your registration:

- | | | |
|---|---|---|
| <input type="checkbox"/> Leaving Province | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Leaving Profession |
| <input type="checkbox"/> Return to school | <input type="checkbox"/> Maternity Leave/parental leave | <input type="checkbox"/> Retiring |

* We would appreciate surrenders to be in by May 17th in order to save this office time and money to send out a reminder by registered mail.