



COLLEGE of OCCUPATIONAL
THERAPISTS of NOVA SCOTIA

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SPONSORSHIP ACKNOWLEDGEMENT FORM

I hereby confirm that I will provide supervision for _____
(name of provisional registrant) throughout his or her employment period while registered with COTNS
as a provisional practising registrant.

I agree to adhere to *Occupational Therapists Act*, Registration Regulations subsection 42(2) regarding
sponsorship as outlined below:

42 (2) A sponsor referred to in subsection (1) shall

- (a) be registered with the College but not currently practising under a provisional registration pursuant to Section 20 of the Act or registered in the Defined Register pursuant to Section 22 of the Act;
- (b) reside in the Province;
- (c) unless exempted by the Registrar, practise occupational therapy at the same site as the sponsored person;
- (d) be engaged in a scope of practice comparable to that of the sponsored person;
- (e) enter into a written agreement with the College with such terms and conditions as may be determined by the Board to be applicable to the relationship between the College, the sponsor and the sponsored person;
- (f) report in writing on a regular basis, as considered necessary by the Board, on the performance of the sponsored person;
- (g) notify the College promptly if concerned about the practice of the sponsored person or if any change in supervision occurs; and
- (h) comply with any other requirements considered necessary by the Board.

Sponsor Information:

Name: _____ COTNS Registration Number : _____

Title: _____ Date: _____

Facility Name: _____

Facility Location: _____

Same site as Provisional Registrant: Yes No

Phone No: (w) _____ Phone No: (c) _____

Email: _____

Sponsor's Signature: _____