

# College of Occupational Therapists of British Columbia Registration Reinstatement 2011-2012



In order to resume practice or use OT title in BC, your registration with the COTBC must be reinstated.

## Personal Information

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Legal First Name	Middle Name	Legal Last Name
Commonly Used FIRST Name in Practice		Commonly Used LAST Name in Practice	Previous Name(s)
Home Address (Street Name, Number, Unit/Apartment)			
City		Province/Territory	Country
Postal Code		Telephone	

Preferred Email: An email address is required for COTBC to communicate with you.

## Registration Category / Change of Status Notice (please check one only)

Full Registration     Provisional Registration     Other (Re-entry)

## National Occupational Therapy Certification Examination (NOTCE) Formerly CAOT Exam

This section must be completed if you were last registered with the College in the Provisional registration category

I have successfully completed the NOTCE  Yes  No      Exam Date \_\_\_\_\_

If No, date you are registered to write the NOTCE      Exam Date \_\_\_\_\_

I have written and failed the NOTCE  Yes  No      Exam Date(s) \_\_\_\_\_

## Professional Liability Insurance You are not eligible for registration reinstatement unless this requirement has been met

Provide all the information requested below.

Plan held through  CAOT  Employer      Insurance Expiry Date \_\_\_\_\_      Certificate Number \_\_\_\_\_

Note: If you practice in both the public and private sector, you must hold professional liability insurance for all practice settings. If you do not have professional liability insurance, you do not meet the requirements and are not eligible to reinstate your registration until this mandatory requirement has been met.

I understand it is my responsibility to maintain professional liability insurance coverage throughout my registration and I am insured for practice in all public and private places of employment.  Initial Here

## Currency Hours This section must be completed each year of registration

In the immediate past five years, I have worked at least 1000 hours       I completed an approved re-entry program in the past 18 months

In the immediate past three years, I have worked at least 600 hours       I do NOT meet any of the above currency requirements and require a review

I graduated within the past 18 months

## OT Post Entry Level Education Please indicate any other OT education you have attained since you were last registered with COTBC

<input type="text"/>	University	Prov/State/Country	Year of Graduation
<input type="text"/>	University	Prov/State/Country	Year of Graduation
<input type="text"/>	University	Prov/State/Country	Year of Graduation

Degree/Diploma Codes: 20 Baccalaureate    32 Master's (post entry)    40 Doctorate

## Education other than OT Please indicate all your education experience other than Occupational Therapy since you were last registered with COTBC

<input type="text"/>	University	Field of Study <input type="text"/>	Prov/State/Country	Year of Graduation
<input type="text"/>	University	Field of Study <input type="text"/>	Prov/State/Country	Year of Graduation

Degree/Diploma Codes: 10 Diploma    20 Baccalaureate    30 Master's Degree    40 Doctorate

- |                       |   |   |  |  |  |
|-----------------------|---|---|--|--|--|
| <b>Field of Study</b> | <b>010:</b> General Rehabilitation Science<br><b>020:</b> Health Administration/Management<br><b>030:</b> Public Administration | <b>040:</b> Public Health<br><b>050:</b> Kinesiology and Exercise Sciences<br><b>060:</b> Gerontology | <b>070:</b> Psychology<br><b>080:</b> Health Professions & Related Clinical Sciences<br><b>090:</b> Biological & Biomedical Sciences & Physical Sciences | <b>100:</b> Social Sciences, Arts & Humanities<br><b>110:</b> Education<br><b>120:</b> Law | <b>130:</b> Business Management, Marketing & Related<br><b>140:</b> Other Field of Study |
|-----------------------|---|---|--|--|--|

# Registration Reinstatement 2011-2012

## Employment Profile

This section must be completed. Registrants are responsible to notify the College & provide changes to contact information throughout the year. The College is required to maintain a public register. Your name, registration status and business information may be provided upon request (Section 22 and 22.1 HPA).

<input type="checkbox"/>	<input type="checkbox"/>	10 Employed	20 Unemployed and seeking employment in Occupational Therapy
<input type="checkbox"/>	<input type="checkbox"/>	11 Employed, on leave	30 Unemployed and not seeking employment in Occupational Therapy

Initial Here

**I understand that I must not return to work (this includes orientation) or use OT title in BC until my registration with the COTBC has been confirmed. I understand that I must provide my OT employment information to the College once I begin work.**

Date that I require reinstatement of my COTBC registration \_\_\_\_\_

## Primary Employment Please provide contact information for specific work site

Employer Name (Health Authority or Business Name if self-employed) \_\_\_\_\_ Worksite or Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Postal Code reflects site of practice  Yes  No

## Secondary Employment Please provide contact information for specific work site

Employer Name (Health Authority or Business Name if self-employed) \_\_\_\_\_ Worksite or Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Postal Code reflects site of practice  Yes  No

## Third Employment Please provide contact information for specific work site

Employer Name (Health Authority or Business Name if self-employed) \_\_\_\_\_ Worksite or Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Postal Code reflects site of practice  Yes  No

## Employment Category (indicate only one for each employment)

Primary	Secondary	Third				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Permanent	20 Temporary	30 Casual	40 Self-Employed

## Full/Part Time Status (indicate one for each employment including the average weekly hours of work)

Primary	Secondary	Third	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
@ _____ wk	@ _____ wk	@ _____ wk	

**10 Full-Time @ # hrs per week    20 Part-Time @ # hrs per week**  
 If casual, provide a weekly average of your hours worked.  
 If on an approved leave, provide typical hours for your position.

## Position (indicate only one for each employment)

Primary	Secondary	Third			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Manager	30 Direct Service Provider	50 Researcher
			20 Professional Leader/Coordinator	40 Educator	60 Other

## Employment Type (indicate only one for each employment)

Primary	Secondary	Third			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 General Hospital	60 Community Health Centre	110 School or School Board
			20 Rehabilitation Hospital/Facility	70 Visiting Agency/Business	120 Assoc./Government/Para-Governmental
			30 Mental Health Hospital/Facility	80 Group Professional Practice/Clinic	130 Industry/Manufacturing/Commercial
			40 Residential Care Facility	90 Solo Professional Practice/Clinic	140 Other
			50 Assisted Living Residence	100 Post-Secondary Education Institution	

## Registration Reinstatement 2011-2012

### Area of Practice (indicate only one for each employment)

Primary

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Secondary

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Third

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**Direct Service-Physical Health**

- 20 Neurological
- 30 Musculoskeletal
- 40 Cardiovascular/Respiratory
- 50 Digestive/Metabolic/Endocrine
- 60 General Physical Health

**Additional Areas of Direct Service**

- 10 Mental Health
- 70 Vocational Rehabilitation
- 80 Palliative Care
- 90 Health Promotion & Wellness
- 100 Other Areas of Direct Service Provision

**Additional Areas of Client Management**

- 120 Client Service Management
- 130 Medical/Legal
- Research**
- 150 Research

**Education**

- 140 Teaching

**Administration**

- 110 Service Administration
- 160 Other Areas of Practice

### Client Age Range (indicate only one for each employment)

Primary

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Secondary

--	--

Third

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- 10 Preschool Age (0-4)
- 20 School Age (5-17)
- 21 Mixed Paediatrics (0-17)

- 30 Adults (18-64)
- 40 Seniors (65+)
- 41 Mixed Adults (18-65+)

- 44 All Ages
- 50 Other Client Age Range

### Funding Source (indicate only one for each employment)

Primary

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Secondary

--	--

Third

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- 10 Public/Government
- 20 Private Sector/Individual Client

- 30 Public/Private Mix
- 40 Other funding source

- 45 Insurance Industry
- 55 Other Insurance

### Professional Registration

Are you currently registered/licenced to practice as an occupational therapist in other provinces/states/countries?  Yes  No

Have you been registered/licenced to practice as an occupational therapist in other provinces/states/countries since you were last registered with the COTBC?  Yes  No

If yes, please list below all regulators with whom you are or have been registered. Be sure to complete and sign the Authorization of Release of Information form and send it directly to the jurisdiction(s). Copy the form if needed and complete one for each jurisdiction where you hold/held a registration/licence. Attach a separate sheet if additional space is required.

Regulatory Body	Prov/State/Country	Registration/Licence No.	Expiry Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Previous History and Conduct

If you answer YES to any of the following questions, please provide full details on a separate page and enclose with your application

Have you been refused registration in an occupational therapy regulatory body since you were last registered with the COTBC?  Yes  No

Since you were last registered with the COTBC, have you had a finding of, or are you currently facing a proceeding for professional misconduct, incompetence or similar issue as an occupational therapist in another jurisdiction?  Yes  No

Since you were last registered with the COTBC, have you been the subject of a criminal investigation or criminal proceeding or, have you pleaded guilty or been convicted of a criminal offence?  Yes  No

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, competently 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.

Are you currently registered/licenced to practice in a profession other than OT in BC or elsewhere?  Yes  No  
(If yes, you must provide all details required below. Use a separate sheet of paper if required).

Name of profession: \_\_\_\_\_

Regulatory Body	Province/State	Country	Licence/Registration Number	Expiry Date (dd/mm/yy)
_____	_____	_____	_____	_____

## Registration Reinstatement 2011-2012

### OT Practice History

Country where you *first* practiced OT \_\_\_\_\_

Province/territory/state where you *first* practiced OT \_\_\_\_\_

Year you *first* practiced OT \_\_\_\_\_

Country where you practiced OT most recently \_\_\_\_\_

Province/territory/state outside of BC where you practiced OT most recently \_\_\_\_\_

Most recent year of practice outside of BC \_\_\_\_\_

### Information Collection and Privacy

Information collected on this form relates to the mandate, operations and activities of the College as designated under the *Health Professions Act* (HPA) for the purpose of regulating the practice of occupational therapy in British Columbia. The College is a public body under the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) and promotes protection of privacy of personal information in a manner consistent with the FOIPPA. The COTBC provides information for national and provincial reporting for the purpose of health human resource planning. Information on the public register is also provided for participation in the Ministry of Health Provider Registry System.

For more information or if you have any questions, please contact the Registrar.

### Declaration

Initial Here

I hereby make application to reinstate my registration with the College of Occupational Therapists of British Columbia (COTBC) and declare that I do not know of any reason, condition or circumstance why I should not be granted reinstatement of my registration, for example, matters covered by 42(1)(f) of COTBC Bylaws.

I declare that I am in possession of valid professional liability insurance for the practice of occupational therapy in British Columbia that affords me no less than \$1 million of professional insurance coverage. I understand that false or misleading statements concerning my coverage contravene College Bylaws and are grounds for a complaint of professional misconduct.

I hereby certify that the information given by me in this application is true, correct and complete to the best of my knowledge and belief. I acknowledge and provide consent to the College of Occupational Therapists of British Columbia to verify, at its discretion, any information I have provided. I understand that a false or misleading statement may result in a review of my registration or may be cause for revocation of any registration granted to me.

I agree to abide by the *Health Professions Act* of BC, the Occupational Therapists Regulation and Bylaws (as amended from time to time) of the College of Occupational Therapists of British Columbia.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Checklist

**Before mailing your Registration Reinstatement, check that you have included the appropriate enclosures.**

- A completed, signed, and dated Registration Reinstatement form.
- Documentation verifying professional liability insurance coverage.
- The Registration Reinstatement Fee of \$425.00. If you are currently in the Non-Practicing category, you are required to provide \$350.00 which is the balance of the Annual Registration fee.
- Requirement for criminal record re-check. Contact College staff to advise if this is a requirement.

**Former Registrants who are requesting a change from Provisional to Full Registration, must provide:**

- Documentation of successful completion of the NOTCE

**Former Provisional registrants who are requesting to reinstate registration as a Provisional registrant, must provide:**

- Documentation verifying that you are registered to write the next available sitting of the NOTCE
- A copy of your Employer Acknowledgement Form, verifying that you are/will be practicing under the general supervision of a full registrant of the COTBC

## Registration Reinstatement 2011-2012

### Requirement for Criminal Record Re-Check Authorization and \$20.00 Fee

Changes to the *Criminal Records Review Act* (the Act) requires the College to re-submit criminal record checks for all registrants with Criminal Record Check clearance letters older than five years. This is a mandatory requirement and your registration reinstatement cannot be finalized until the completed Authorization form and \$20.00 fee is received by the College. If you are reinstating your registration from cancelled, you will be required to complete a new criminal records check. If you are reinstating your registration from Non-practicing, please contact the College office and you will be advised if you are required to submit a criminal records re-check. Note that the \$20.00 fee is an administrative fee charged by the Criminal Record Review program. It is separate from your registration reinstatement fee and must be provided in the government prescribed form to the College with your signed form.

- Completed and signed Authorization for Criminal Record Check is included with my Registration Reinstatement form.
- The fee is included for the Criminal Record re-check. I have included a separate certified cheque, money order or credit card authorization payment (personal cheques are not accepted).

### Fees

Registration Reinstatement Fee \_\_\_\_\_ \$425.00      Total Amount Included \_\_\_\_\_

**Registration Reinstatement Fee:** For registration July 1, 2011 to June 30, 2012 the fee is \$425.00. The fee is not pro-rated.

Enclosed Initial

**Payment:** Make cheques payable to COTBC. A \$25.00 fee is charged for cheques returned NSF (not sufficient funds). Duplicate receipts are provided at a cost of \$15.00 (no charge if the request is due to an official name change).

**Reminder:** The College Board has approved a policy concerning applications from individuals found practicing illegally (practicing while not registered), a breach of the *Health Professions Act*.

All sections of this form must be complete or your form will be returned to you.

### Return the Registration Reinstatement Form to:

The Registrar, College of Occupational Therapists of British Columbia  
Suite 219, Yarrow Building, 645 Fort Street,  
Victoria, BC Canada V8W 1G2

**Questions?**    Call (250) 386-6822    Toll free in BC (866) 386-6822    Fax (250) 383-4144    Email [registration@cotbc.org](mailto:registration@cotbc.org)

#### For Office Use Only

Date Received \_\_\_\_\_ Fees  Cheque  Money Order

Registration Reinstatement Fee \$ \_\_\_\_\_ Registration Number \_\_\_\_\_

### General Information

**Name & Address:** Please ensure that you complete the personal information section. Please also provide your telephone number (including area code), and email address. Your business address, as it appears will be the one used on the public register.

**Business Information (B.C.):** This section **MUST** be completed. Your full B.C. business address(es) are a requirement for the public register. Please ensure your information is up to date, accurate and complete. **NOTE:** Registrants who are self-employed and provide business information that is the same as their personal contact information must be aware that the business information may be disclosed as a result of requests to verify registration status and information on the public register.

**Currency Hours:** Indicate your practice currency by indicating the category on the list that describes how you meet the hours required. Registrants must report currency hours each year as a condition of registration reinstatement.

**Professional Liability Insurance:** Documentation verifying professional liability insurance. As a condition of registration with the COTBC, it is your responsibility to ensure that your professional liability insurance remains current and valid for the entire registration year for all practice settings.

**Previous History & Conduct:** Note that the information requested is related to registration in other occupational therapy jurisdictions.

**Declaration:** Do not forget to sign your form.

**Registration Reinstatement Fee:** Method of payment is by cheque or money order payable to the COTBC. Please print your registration number on the front of the cheque.

**Criminal Record Re-Check Authorization and \$20.00 Fee:** A completed and signed Criminal Record Check and \$20.00 if required.

**NOTE: Personal cheques are not accepted for Criminal Record Check Authorization.**

For more information regarding the completion of this form, please see the **Registration Reinstatement Form Guide**.