

COLLEGE OF OCCUPATIONAL THERAPISTS OF BC

NEW REGISTRANT APPLICATION FORM GUIDE

RC/06-05.01.01 Application Form Guide

This is the official application form for individuals applying for registration with the College of Occupational Therapists of British Columbia. Please contact the College office if you require a Temporary Application Form or a Registration Reinstatement form. Please print all information clearly. The application form cannot be processed unless it is completed, signed, witnessed and dated by the applicant and witness.

PERSONAL INFORMATION

Please complete all information in the personal information section. The name you indicate will be the name used on the public register, and must be the name you use in practice. Your registration card, certificate, and tax receipt will contain the information you provide here.

Unless otherwise indicated, your mail will be sent to your personal address.

MUTUAL RECOGNITION AGREEMENT

Applicants currently registered with another OT regulatory organization in Canada may be eligible to apply under the Mutual Recognition Agreement (MRA). Contact the COTBC office or review the MRA Information Guide on the COTBC website for more information.

REGISTRATION CATEGORY

The practice of occupational therapy includes direct service, education, consultation, research, administration and/or sales. Registration with the College qualifies occupational therapists to use the title "Occupational Therapist" or "O.T." Registration indicates to the public that their OT has met entry-to-practice requirements, and meets the College's standards of practice and quality assurance requirements. In addition, it provides the public with a means of recourse, should they receive occupational therapy treatment they feel

does not meet professional standards. Choose the category that describes your situation.

Full Registration Certificate Requirements

To register in this category, applicants must have:

1. graduated with a *baccalaureate* degree in occupational therapy from the University of British Columbia or from a program outside BC accredited by the Canadian Association of Occupational Therapists (CAOT) or recognized by the World Federation of Occupational Therapy at the time of graduation;
2. successfully completed 1000 hours of fieldwork or clinical practicum as part of the educational program;
3. successfully completed the CAOT Certification Examination OR graduated prior to December 31, 1985 from a Canadian occupational therapy program accredited by the CAOT at the time of graduation;
4. recent practice hours (600 hours within the last 3 years or 1000 hours within the last 5 years). Recent graduates (18 months or less) are automatically granted currency. Contact the Registrar if you require clarification of currency hours requirement;
5. professional liability insurance;
6. signed Authorization for Criminal Records Search Under the Criminal Records Review Act form and required fee;
7. completed and signed Authorization of Release of Information forms, sent to all OT regulatory body(s);

Provisional Practising Certificate

This category applies to applicants who have not as yet met the exam requirement or those who require educational upgrading or supervised practice to meet the equivalency standards of education or currency hours.

To register in this category, applicants must;

1. meet requirements 1, 2, 4, 5, 6 & 7 for the full practising certificate;
2. must provide verification of eligibility to write the CAOT exam;
3. must sign an undertaking with the College to write the CAOT Examination at the next available sitting of the exam;
4. must sign an undertaking with the College to complete a supervised program if currency hours not met;
5. be under the general supervision of a full practising registrant. The college requires that supervision is verified with the completion of the "Employer Acknowledgement Form."

An applicant may be granted provisional registration for one (1) year and the provisional registration may be renewed once by the registration committee for a period up to one (1) year. Any provisional registrant failing to complete the conditions for full registration within two years shall cease to be registered.

LANGUAGE FLUENCY

Evidence of reasonable oral & written fluency in English is required if your first language or your language of OT instruction is not English. Documentation is required that verifies you have achieved a College accepted score on the Test of English as a Foreign Language (TOEFL), a standardized fluency test recognized in Canada and the TSE (Test of Spoken English) or the IELTS (International English Language Testing System). When applying for the tests, please arrange to have your test scores sent directly to the COTBC.

OT EDUCATION

An official final transcript verifying occupational therapy education is required. Please provide documentation or a written statement verifying that the educational institution is forwarding your official final transcript(s) directly to the COTBC. Your final official transcript is required before registration can be finalized.

In an effort to assist the Canadian Institute for Health Information (CIHI) with the development and maintenance of a national database for health human resource planning of OT's in Canada, the College has added new components to its data collection. The College will now maintain all OT educational

qualifications for each member as well as up to two other academic credentials other than OT. Using the codes and space provided please indicate all of your OT academic credentials. In the Education other than OT section, please indicate any academic credentials you have earned in addition to your OT degree(s).

EXAMINATION

Applicants must demonstrate adequate entry level knowledge of occupational therapy to practice in British Columbia. If you are registering in the Full Practising category, you must submit evidence of your successful completion of the National Canadian Association of Occupational Therapists (CAOT) Certification Examination, (e.g., a photocopy of your certificate or the letter indicating successful completion is required.

If you are applying in the provisional category, provide a copy of your statement of candidacy letter provided by CAOT. You must register with CAOT to sit the first available exam. It is your responsibility to ensure you take the appropriate steps to meet CAOT application deadlines.

CURRENCY HOURS

Indicate the currency hours that best describe how you meet the hours required. If you do not meet the currency hour requirement, or are unsure whether you have sufficient hours, check the last box and the College will contact you to review your circumstances.

EMPLOYMENT INFORMATION

This section **MUST** be completed. Information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the Public Register under the *Health Professions Act (HPA)*.

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 or requests for information on the public register.

As part of the CIHI initiative, the College has modified the information that it collects on your employment. We ask that you fully disclose all requested information in the space provided. Please carefully review the explanation and

definitions provided for each section of the profile. The College maintains detailed information on up to three places of employment. Please provide your response as applicable for Primary Employment, Secondary Employment and Third Employment.

EMPLOYMENT STATUS

Indicate your current status by placing the appropriate code in the box. If at any time throughout the year your employment status changes you are obligated to inform the College, in writing, of the change. This data will be useful to CIHI in identifying a portion of the potentially available, but not employed, registered workforce.

CONTACT INFORMATION FOR PRIMARY, SECONDARY AND THIRD EMPLOYMENT

Enter full and complete data for up to three employers in the space provided. Ensure that you record the employer name, complete address, phone/fax numbers, start date and end date (if applicable).

Primary Employment: refers to the employment with an employer, or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Secondary Employment: refers to the employment associated with the second highest number of usual weekly hours worked, whether employed or self-employed.

Third Employment: refers to the employment associated with the third highest number of usual weekly hours worked, whether employed or self-employed.

For all employment, indicate whether or not the postal code reflects the site where you practice. This data will help identify OT's who typically work at multiple sites within the community, potentially some distance from an employer/business office location. If you select NO this means that the employer/business office is different than the location where you deliver service.

EMPLOYMENT CATEGORY

Enter the code in the appropriate box for each applicable employment.

10. Permanent Employee—Status with employer is permanent with an indeterminate duration (no specified end date) of employment and

guaranteed or fixed hours of work per week.

20. Temporary Employee—Status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

30. Casual Employee—Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

40. Self-Employed—A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

FULL-TIME/PART-TIME STATUS

Enter the code in the appropriate box for each applicable employment. You are also requested to provide the average/usual weekly hours of work for each employment.

10. Full-time—Official status with employer is full-time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

20. Part-time—Official status with employer is part-time, or usual hours of work are less than 30 hours per week.

POSITION

Only one can be selected per employment. Enter the code that best identifies your position for each place of employment. Position definitions and corresponding codes are described below.

10. Manager—Major role is in management. Role may involve the management of a particular program, as in a first level management position, up to the most senior management position.

20. Professional Leader/Coordinator—Direct service provider with a leadership role in the professional practice within an employment setting.

30. Direct Service Provider—Major role is in the direct delivery of occupational therapy services, including case management and/or consultation.

40. Educator—Major role is as an educator for a particular target group.

50. Researcher—Major role is in knowledge development and dissemination of research.

55. Equipment Sales—Major role is in sales or distribution of equipment.

60. Other—Position that is not otherwise identified by definitions above.

EMPLOYMENT TYPE

Only one can be selected per employment. Enter the code that best identifies your employment type (whether an employee or self-employed) for each place of employment. This is at the service delivery level. Service delivery level refers to the location where you are directly engaged in your occupational therapy practice. The definitions of employment types and the corresponding codes are described below.

10. General Hospital—A health care facility that offers a range of inpatient and outpatient health care services (for example, medical, surgical, psychiatry etc.) available to the target population. Includes specialty hospitals not otherwise classified.

20. Rehabilitation Hospital/Facility—Health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

30. Mental Health Hospital/Facility—Health care facility that has as its primary focus the acute or post-acute, inpatient and/or outpatient, care of individuals with mental health issues and illness.

40. Residential Care Facility—Refers to a licensed or regulated health facility that provides 24-hour skilled or immediate nursing care (that is, qualified nurses are on-site and available to respond immediately, if required). Includes long-term care facilities, nursing homes, special care homes, homes for the aged.

50. Assisted Living Residence—Refers to a non-institutional community setting that integrates a shared living environment with varying degrees of

supportive services of the following types: supervision, housekeeping, personal care, meal service, transportation, social and recreational opportunities, etc. May have limited medical/nursing services available. Includes group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.

60. Community Health Centre—A community-based organization that may be the first-point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services, including occupational therapy.

70. Visiting Agency/Business—A community-based agency or group professional practice/business focused on delivering health services, including occupational therapy, in the client's environment such as the home or workplace.

80. Group Professional Practice/Clinic—A community-based group professional practice/business or clinic organized around the delivery of primarily onsite health services, including occupational therapy, by a group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved, however, the health professionals are the focus of service provision.

90. Solo Professional Practice/Business—A community-based professional practice/business organized around the delivery of occupational therapy health services, by a single professional. Support staff may also be involved, however, the health professional is the focus of service provision.

100. Post-Secondary Educational Institution—A postsecondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of education.

110. School or School Board—A primary, elementary or secondary school (or equivalent institution), or the associated school board (or equivalent entity) that has responsibility for the governance and management of education funding issued by provincial governments.

120. Association/Government/Para-Governmental—An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

130. Industry, Manufacturing and Commercial—A business/industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development, or commercial activity outside of the healthcare system entirely.

140. Other—Employment type not otherwise described.

AREA OF PRACTICE

Only one can be selected per employment. Enter the code that identifies the area of practice that best describes the major focus of your activities for each place of employment. The definitions of area of practice and the corresponding codes are described below.

AREAS OF DIRECT SERVICE - PHYSICAL HEALTH

20. Neurological System—Services provided to clients with a variety of neurological health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

30. Musculoskeletal System—Services provided to clients with a variety of musculoskeletal health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

40. Cardiovascular and Respiratory System—Services provided to clients with a variety of cardiovascular and/or respiratory health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

50. Digestive/Metabolic/Endocrine System—Services provided to clients with a variety of digestive, metabolic and/or endocrine related health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

60. General Physical Health—Services provided to

clients with a variety of general physical health issues requiring interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

ADDITIONAL AREAS OF DIRECT SERVICE

10. Mental Health—Services provided to clients with a variety of mental health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

70. Vocational Rehabilitation—Services provided with the purpose of enabling clients to participate in productive occupation(s).

80. Palliative Care—Services provided to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

90. Health Promotion and Wellness—Services provided with the purpose of improving the health of clients through functions of health promotion, health protection, health surveillance and population health assessment.

100. Other Areas of Direct Service—Area of direct service not otherwise identified.

AREAS OF CLIENT MANAGEMENT

120. Client Service Management—Focus of activities is the management of client services across the health care continuum, specifically the coordination of multiple services as required for client care.

130. Medical/Legal Related—Focus of activities is expert guidance on occupational therapy related medical and/or legal issues associated with client care.

AREAS OF EDUCATION

140. Teaching—Focus of activities is directed at providing postsecondary teaching to individuals registered in formal education programs.

AREAS OF RESEARCH

150. Research—Focus of activities is in knowledge development and dissemination of research.

AREAS OF ADMINISTRATION

110. Service Administration—Focus of activities is on the management of services, or the development of policy and/or programs.

160. Other Areas of Practice—Area of practice not otherwise described.

CLIENT AGE RANGE

Only one range can be selected per employment. Enter the code that best describes the client population that you most often work with. Only select the 'mixed' category if your work is equally distributed across the age ranges. Only select 'other' category if your work is equally distributed across all age ranges.

FUNDING SOURCE

Only one source of funding can be selected per employment. Enter the code that best describes the majority of the funding source for your services. The definitions of funding source and the corresponding codes are described below.

10. Public/Government—The public sector is the main source of funding for employed activities.

20. Private Sector/Individual Client—A private sector entity or an individual client is the primary source of funding for employed activities.

30. Public/Private Mix—Funding for employed activities is derived from a mixture of public and private sources.

40. Other Funding Source—Funding source not otherwise described.

45. Auto Insurance—Funding source is through auto insurers.

55. Other Insurance—Funding source is through long-term disability, extended health or WCB coverage.

PROFESSIONAL LIABILITY INSURANCE

Liability insurance is mandatory for registration. Applicants must verify that insurance for liability for negligence is not less than one million per occurrence. You are required to send a copy of

the letter or policy certificate that confirms your insurance. If your insurance is through your employer, a letter from your employer verifying that your coverage meets the requirement of the College is required.

PROFESSIONAL REGISTRATION

This section is for registration in other OT regulatory bodies only. Please answer all questions even if the answer is "No". You are required to provide details on all OT registrations/licenses that you hold or have held. Please provide all requested information in the table provided.

For your information the purpose of these questions:

- Is to find out about formal enforcement action by other regulators.
- A "finding" occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (for e.g. before a Discipline Committee or Inquiry Committee).
- You are currently "facing a proceeding" if you have been notified that there will be a hearing held in respect of allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).
- The mere fact that a complaint has been made against you or that you are under investigation does not mean that you are "currently facing a proceeding".
- You do not have to mention that a complaint has been made against you or that you are under investigation unless a decision has been made to hold a disciplinary or other hearing; in which case you are then "facing a proceeding".

Authorization for Release of Information

This authorizes the regulatory body in the jurisdictions you have or are registered to practice to release information on your status to COTBC. Copy this form if you were registered/licensed in more than one jurisdiction. Complete one for each jurisdiction, and forward to the appropriate regulatory body for completion. Provide a copy with your application.

REGISTRATION IN OTHER PROFESSIONS

This section is related to regulated professions other than OT that you may hold (or have held) a license/registration for (e.g. physiotherapy, social

work, teaching). Please answer all questions, even if the answer is "No".

You are required to provide details if you are (or were) a member of another regulated profession. Please provide all requested information in the table provided.

For your information the purpose of these questions:

- Is to find out about formal enforcement action by other regulators.
- A "finding" occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (for e.g. before a Discipline Committee or Inquiry Committee).
- You are currently "facing a proceeding" if you have been notified that there will be a hearing held in respect of allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).
- The mere fact that a complaint has been made against you or that you are under investigation does not mean that you are "currently facing a proceeding".
- You do not have to mention that a complaint has been made against you or that you are under investigation unless a decision has been made to hold a disciplinary or other hearing; in which case you are then "facing a proceeding".

PREVIOUS HISTORY & CONDUCT

Note that the information requested is related to registration in other occupational therapy jurisdictions.

DECLARATION

Do not forget to sign and witness your form. The witness can be anyone who knows you, for example, a spouse or a colleague. Incomplete forms will be returned for completion and may delay your annual renewal.

FEES

Application Fee:

This one time application fee of \$225.00 must be provided with your application for registration.

Annual Registration Fees:

Full registration \$350.00

Provisional registration \$350.00

The registration year is from July 1st to June 30th. Refer to the application form for pro-rated fee amount if registration is after November 1st or March 1st. Contact the COTBC office for the fees for Temporary registration.

Payment can be provided as a personal cheque or a money order and is due in Canadian Funds only to "College of Occupational Therapists of BC" or "COTBC".

To initiate the application process you can submit only the application fee and send the registration fee at a later date.

A fee of \$25.00 is charged for N.S.F. or returned cheques.