

College of Occupational Therapists of British Columbia

Annual Registration Renewal 2018-2019



If you require assistance completing this form please contact the College office.

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	Home Phone (Landline)	Cell Phone	

Email Address Required: Email is the primary method used by COTBC to communicate information essential to maintaining your registration.

Work Eligibility

Please select the category that applies to you.

Canadian Citizen Yes (proceed to next section)

Employment Authorized Under the *Immigration and Refugee Protection Act – Work Permit Expiry Date:* _____

Landed Immigrant Permanent Resident I do not yet meet this requirement

Note: If you are not a Canadian citizen you are required to provide proof that you are authorized to work in Canada in a Health Care Profession.

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

Full Registration Provisional Registration Other (Re-Entry)

Non-Practicing. I wish to renew my registration in the non-practicing category and declare that I will not be practicing and/or using title as OT in BC after June 30, 2018.
It is your responsibility to contact the College to reinstate your registration prior to resuming practice in BC.

I wish to cancel my registration with the College and I declare that I will not be practicing and/or using title as OT in BC after June 30, 2018.
It is your responsibility to contact the College to reinstate your registration prior to resuming practice in BC.

Sign below and return form to the College.

End date of employment _____ Signature _____

<input type="checkbox"/>	<input type="checkbox"/>	Please indicate the reason for renewing in the non-practicing category or for cancelling your registration.				
10	15	20	30	40	45	50
Leaving Province	Leaving Country	Leave (including maternity leave)	Leaving Profession	Return to School	Retiring	Other

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

Provide all the information requested below.

Plan held through CAOT AON 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 renew 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.

<input type="checkbox"/>	Initial Here
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Currency Hours This section must be completed each year of registration

- In the immediate past three years, I have worked at least 600 hours
- I completed an approved re-entry program in the past 18 months
- I graduated within the past 18 months
- I do NOT meet any of the above currency requirements and require a review

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Employment Category (indicate only one for each employment)

Primary <input style="width: 30px; height: 20px;" type="text"/>	Secondary <input style="width: 30px; height: 20px;" type="text"/>	Third <input style="width: 30px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
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 <input style="width: 30px; height: 20px;" type="text"/>	Secondary <input style="width: 30px; height: 20px;" type="text"/>	Third <input style="width: 30px; height: 20px;" type="text"/>	
@ _____ 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 in the past 12 months. If on an approved leave, provide typical hours for your position.

Position (indicate only one for each employment)

Primary <input style="width: 30px; height: 20px;" type="text"/>	Secondary <input style="width: 30px; height: 20px;" type="text"/>	Third <input style="width: 30px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
10 Manager	20 Professional Leader/Coordinator	30 Direct Service Provider	50 Researcher
		40 Educator	60 Other

Employment Type (indicate only one for each employment)

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

Area of Practice (indicate only one for each employment)

Primary <input style="width: 30px; height: 20px;" type="text"/>	Secondary <input style="width: 30px; height: 20px;" type="text"/>	Third <input style="width: 30px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
Direct Service—Physical Health	Additional Areas of Direct Service	Additional Areas of Client Management	Education
20 Neurological	10 Mental Health	120 Client Service Management	140 Teaching
30 Musculoskeletal	70 Vocational Rehabilitation	130 Medical/Legal	Administration
40 Cardiovascular/Respiratory	80 Palliative Care	Research	110 Service Administration
50 Digestive/Metabolic/Endocrine	90 Health Promotion & Wellness	150 Research	160 Other Areas of Practice
60 General Physical Health	100 Other Areas of Direct Service Provision		

Client Age Range (indicate only one for each employment)

Primary <input style="width: 30px; height: 20px;" type="text"/>	Secondary <input style="width: 30px; height: 20px;" type="text"/>	Third <input style="width: 30px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
10 Preschool Age (0-4)	20 School Age (5-17)	30 Adults (18-64)	44 All Ages
21 Mixed Paediatrics (0-17)		40 Seniors (65+)	50 Other Client Age Range
		41 Mixed Adults (18-65+)	

Funding Source (indicate only one for each employment)

Primary <input style="width: 30px; height: 20px;" type="text"/>	Secondary <input style="width: 30px; height: 20px;" type="text"/>	Third <input style="width: 30px; height: 20px;" type="text"/>	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
10 Public/Government	20 Private Sector/Individual Client	30 Public/Private Mix	45 Insurance Industry
		40 Other Funding Source	55 Other Insurance

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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 July 1, 2017? Yes No

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

If yes, please provide the following information for all active registrations/license. If additional space is required, please provide details on a separate page and enclose with your application.

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

Since July 1, 2017, 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 July 1, 2017, 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

Are you currently registered/licensed 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	License/Registration Number	Expiry Date (dd/mm/yy)
_____	_____	_____	_____	_____

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 _____

National Occupational Therapy Certification Examination (NOTCE) Formerly CAOT Exam

This section must be completed if you were registered as a Provisional Registrant during 2017-2018.

Select any that apply and complete the details if required.

Have you passed the NOTCE Yes _____ Exam Date _____

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

Have you failed the NOTCE Yes _____ Exam Date(s) _____

Information Collection and Privacy

Consent to release my email address for the purpose of recruitment to research studies. By selecting Yes, I have authorized COTBC to release my email address to Canadian-based researchers who are conducting research relevant to the practice of occupational therapy practice in Canada and have made a specific request to COTBC outlining the purpose of the research and indicated that it has received ethics approval by a recognized review board. Consenting to the release of your email **does not** imply consent to participate in the research.

Yes No

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.

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

Other Information

COTBC, along with other BC health profession regulators is collecting information on participation of registrants in the San'yas Indigenous Cultural Safety Training (ICCT) – Core Health (formerly the Indigenous Cultural Competency Training (ICC Training) offered by Provincial Health Services Authority of BC.

Have you completed the San'yas Indigenous Cultural Safety Training – Core Health offered by Provincial Health Services Authority of BC? Yes No

OR I am not aware of the ICCT Program.

Declaration

Initial Here

I hereby make application to renew 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 renewal of my registration.

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 \$5 million per occurrence insuring against liability arising from an error.

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.

I declare I have completed the online Annual Continuing Competence Review (ACCR) and met the College's continuing competency requirements to renew my annual registration for 2018-2019.

I have not completed the online Annual Continuing Competence Review (ACCR) and will complete it forthwith. I understand I must complete the ACCR to meet the continuing competency requirements before my 2018-2019 registration will be finalized

Signature of Applicant _____ Date _____

Registration Application Enclosure Checklist

Before mailing your application, check that you have included the appropriate enclosures.

- A completed, signed and dated Registration Renewal form. Be sure to complete the entire application form.
- Documentation verifying eligibility to work in Canada if you are not a Canadian Citizen.
- The fee for annual registration of \$525 (may be post-dated for June 30, 2018) OR
- The fee for Non-Practicing of \$125 (may be post-dated for June 30, 2018)

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

- Documentation of successful completion of the NOTCE

Provisional registrants who are requesting to renew 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 currently practicing under the general supervision of a full registrant of the COTBC.

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Requirement for Criminal Record Re-Check Authorization and \$28.00 Fee

- If an email was sent to you in February 2018 if you are required to complete a 5 year criminal records re-check or there has been a break in my registration
Please see the Criminal Record Check Instruction Guide for more information or contact College staff and they will advise you.
- I have recently completed a 5 year Criminal Record Re-check.

Fees

Annual Registration Fee _____ \$525.00

Non-Practicing Fee _____ \$125.00

Late Payment Amount _____ After July 1, 2018 - \$183.75

Total Amount Included _____

Annual Registration Fee: For registration June 30, 2018 to June 30, 2019 the fee is \$525.00. Non-practicing fee is \$125.00. Annual fee for renewal of registration is due in full, on or before June 30, 2018. Your complete form and fee must be post-marked no later than June 30, 2018. Incomplete applications will delay your renewal and may result in payment of a late fee penalty.

Payment: Make cheques or money orders payable to COTBC. Cheques not post-dated to June 30, 2018 will be cashed as they are processed. A \$25.00 fee is charged for cheques returned NSF (Not sufficient funds).

Reminder: Check your application carefully. Incomplete applications or applications with missing documentation will delay processing of your Registration Renewal. It is your responsibility to ensure the application is complete.

Return the Registration Renewal Form to:

The Registrar, College of Occupational Therapists of British Columbia
Suite 402-3795 Carey Road,
Victoria, BC Canada V8Z 6T8

Questions? Call (250) 386-6822 Toll free in BC (866) 386-6822 Fax (250) 386-6824 Email registration@cotbc.org

For Office Use Only

Date Received _____ Fees Cheque Money Order

Annual Registration Fee \$ _____