

Authorization for Release of Information



RC/16-05.01/06 Auth. Release of Info

I, _____ hereby authorize

(Name & Address of Occupational Therapy Regulation Authority where you were previously or currently are registered)

to answer the following questions on my registration status for the completion of the Registration in Good Standing Form to the College of Occupational Therapists of British Columbia (COTBC).

While in your jurisdiction, I was registered in this year(s) _____

Under the name(s) _____

My registration number was _____ Date of Birth ____/____/____

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

Registration in Good Standing Form

1.(a) Has this person ever been licensed or registered to practice occupational therapy in your jurisdiction?

No Yes Current

Dates: _____

1.(b) Are or were there any conditions/restrictions on his/her license or registration to practice occupational therapy in your jurisdiction? No Yes

if yes, please describe:

2. Has this person been the subject of any disciplinary action by your organization?

No Yes If yes, please describe the finding(s) and the penalty:

3. Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time? No Yes If yes, please explain: _____

(Date)

Name of Registrar or Designate (please print)

Please Affix Seal

Signature of Registrar or Designate