

Embracing Professional Accountability

The requirement to submit the Continuing Competency Declaration Form by February 15th, 2007 presented an opportunity to talk with registrants from around the province about the first component of the college’s Continuing Competency Program. Since its launch in August, 2006, connecting with registrants has included responding to many individual telephone calls, participating in conference calls and presenting workshops requested by registrants in Cranbrook, Kelowna, Vernon, Kamloops, Vancouver and Victoria.

The more structured workshops were titled Embracing Professional Accountability – COTBC Continuing Competency Program, and provided background on how this component was developed, situating our program not only in B.C., but also Canadian and global contexts. The public pressure for more accountability of the health professions to demonstrate continuing competence is not unique to our province. In B.C. the mandate of the college is “to protect the public” and the duty under the *Health Professions Act (HPA)*¹ is “to establish and maintain a continuing competency program to promote high practice standards amongst registrants” [HPA section 16 (2e)]. In New Zealand, consider the name of their 2003 health professions legislation – the *Health*



Practitioners Competence Assurance Bill Act. A significant part of this law is devoted to practitioner competence, fitness to practice and quality assurance by “providing mechanisms to ensure the life long competence of health practitioners”² (assessment or evaluation to improve competence). In the United Kingdom, the Health Professions Council now requires its registrants to meet their new *Standards of Continuing Professional Development.*

continued on page 4

The mission of the COTBC

...is to protect the public by regulating, advocating and advancing safe, ethical and quality occupational therapy practice in British Columbia.

Spring 2007 Contents

Message from the chair	1	Competence check	6
Incorporating concern for the public interest within your practice		Portable devices increase risk for losing client records. Managing risks associated with assigning OT services	
Registrar’s reflections	4	College connections	8
Embracing professional accountability, continued		Questions and Answers	10
Committee news	5	Facilitating hiring of new graduates	
Feedback on new guideline requested		College calendar	12



Incorporating concern for the Public Interest within your practice

Caroline Ehmann

I am honored to continue to serve as chair for a second year with our outstanding board and excited to be able to build upon my learning.

Last November at our Annual General Meeting, I discussed 'public interest' as a central obligation of the college and for each of us as occupational therapists. I would like to share some of that presentation and encourage you to take time to reflect on the ways in which you incorporate the concern for public interest within your practice.

The public interest can be defined as "the general welfare and rights of the public that are to be recognized, protected and advanced" (Mirriam-Webster Dictionary of Law, 1996). Steinecke (2003) suggests that "the public interest is a process, a product or educational experiences, a systemic issue, in short a matter of corporate culture, rather than simply confronting a misguided individual" p. 3). Protecting the public interest is reflected in our college mission statement where it states: "...to protect the public by regulating, advocating and advancing safe, ethical and quality occupational therapy practice."

Steinecke (2003) suggested the following six action areas that will help professionals to embed the obligation of the public interest into their practice. I have included specific questions to encourage your reflection and suggested some simple ways to increase the presence of the public interest in your practice.

1 Practice or Service Delivery Models (Structures)

Ensuring all occupational therapists are registered is a structural consideration.

The Essential Competencies of Practice for Occupational Therapists in Canada are the standards for practice in British Columbia and serve as a structural guide for service providers. Are these essential competencies foundational to your practice?

Self-assessment of competence is now a routine expectation for all B.C. occupational therapists and is also an example of a structure in place to assist with ensuring competent occupational therapy for the public. When reviewing the values and goals of your practice, how is client-centred practice applied in your processes for reaching your goals?

If you work in an interdisciplinary team, how does the team interpret the concept of client-centred practice and the public interest? Does your team have a process for orienting and following-up on the effectiveness of the team in this regard?

2 Orientation Process

Sound orientation practices are essential for passing on a culture of public interest.

Do your orientation processes reflect your values and goals and therefore reflect the public interest? How do you know your orientation processes are effective?

Consider ways to embed a culture of public interest into your orientation process and ensure that the culture is encouraged to flourish.

3 Modeling the Public Interest

Action that stems from this recommendation is about “walking the talk” in your practice.

Demonstrate your commitment to the public interest by displaying your registration certificate so clients know you are a self-regulating professional.

In your workplace, do you ensure clients have recourse about practice concerns and do they know they have recourse via the college?

Encourage debate in staff meetings to raise awareness.

Discuss the difference with colleagues between self-interest, public interest and client-centred practice and how these tenets impact day-to-day practice.

4 Education

Public interest and where it resides in practice is foundational to fostering a public interest culture.

Are you aware of the obligations of the statutes or regulations that govern your practice? Statutes are available on the college website.

Do you set learning goals to becoming more familiar with the relevant legislation such as the duty to report and reserved acts, freedom of information and adult guardianship?

Plan to add the college newsletter to your journal club when you discuss professional issues.

Consider inviting college representatives to come to your workplace or professional meetings to discuss legal, ethical and other public interest topics that support integration of the public interest into your practice.

Continue to call the college to discuss your questions regarding the public interest and related learning needs.

5 Participate in the College

The college conducts much of its business with the assistance of registrant volunteers and public board members. Have you considered volunteering for election or committee work to make a valuable contribution to, and learn about ways the college meets the commitment to the public interest?

6 Obtain External Input for Your Practice

External input in the form of workshops, clinical skill building, professional development and team building are key activities in supporting the public interest.

Can your team incorporate the public interest into its mandate, and do you discuss this as a team? Consider the example of setting up a new service. Does the team incorporate principles and goals that reflect the public interest in its mandate? It may not use these words specifically, but a test is to ask the question: How do the public who utilize the service know they are getting safe, competent and ethical care?

Is your service resourced for safe, ethical and quality occupational therapy that supports a public interest mandate? This is a road that occupational therapists will find themselves on and need to continue to develop strategies and skills to address this in their work places.

The mandate of the college is to protect the public interest, and you may contact the college to assist you with any aspect of meeting this mandate in your practice. The suggestions noted above are examples for further integrating the public interest into your practice. In summary, the goal of these six action areas is to encourage you to reflect on how you link your practice with your obligations as a self-regulating professional. ■

References

Merriam-Webster. (1996). Merriam-Webster's Dictionary of Law. Springfield, MA: Author. Retrieved March 21, 2006 from <http://dictionary.lp.findlaw.com>

Steinecke Maciura LeBlanc Law Firm. (2003). Will the real public interest please stand up? *Grey Areas*, 65, Toronto, ON: Author.

committee news

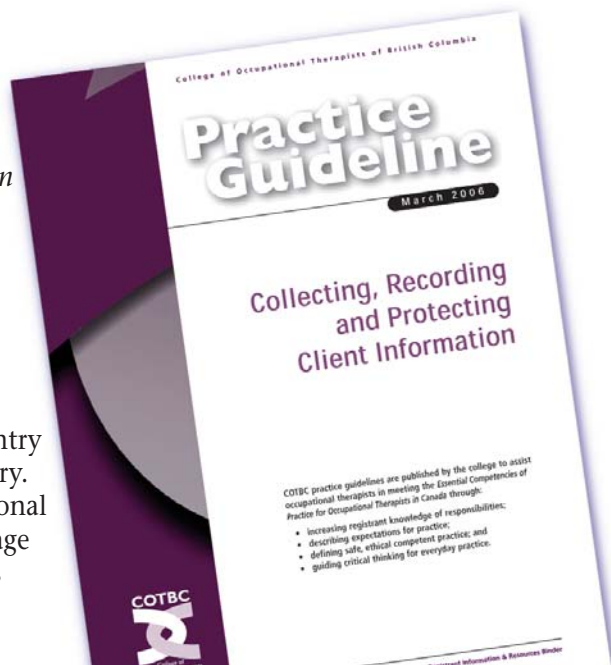


Feedback on Guideline Requested

Enclosed with this newsletter is a registrant survey requesting your feedback on the *Collecting, Recording and Protecting Client Information Guideline*. Please return this survey by June 15, 2007 or complete it online (link is on home page of the college website at <http://www.cotbc.org>). Your feedback is important and helps guide the Standards Committee's work with respect to necessary revisions and additional practice supports.

Help For Re-Entry Candidates and their Supervisors

The Registration Committee recently completed a package for re-entry candidates and their supervisors to help guide the process of re-entry. Re-entry is an important strategy to maintaining a strong occupational therapy workforce in B.C. and the committee hopes that this package will help to encourage more occupational therapists to take on this important role.



Welcoming new and returning Board Members

On February 1, 2007 the following individuals took office on the COTBC board.

Elected Board

Caroline Ehman *Chair*
Jennifer Glasgow *Vice Chair*
Jeff Boniface (*re-elected*)
Angenita Gerbracht
Heather Gillespie (*newly elected*)
Jillian Rihela (*re-elected*)

Public Board

Lynda Casey
Nancy Sheehan
Carol Williams (*newly appointed*)



Heather Gillespie

Heather joins the board for the first time bringing with her many years of experience in both provincial and national occupational therapy professional organizations. She was President of the Saskatchewan Society of Occupational Therapists, and both a board director and executive committee member on the CAOT Board of Directors. Heather graduated with a diploma in occupational therapy in 1977 later upgrading to a baccalaureate degree at the University of Manitoba in 1986. Her clinical experience spans the entire care continuum from acute to complex care. While in Saskatchewan she managed a Hospital Therapies Department and was Program Head for the Rehabilitation Assistant Program. Currently residing in Nanaimo, Heather is an occupational therapist serving two complex care facilities.

She has been an active member of the Standards Committee since the Spring of 2006 and will continue now as chair. Heather looks forward to this and her board responsibilities, bringing a strong commitment to the profession and proven leadership skills.



Carol Williams

Carol is our newly appointed board member who began her term on February 1, 2007. She comes to the college with a great deal of experience and expertise on several volunteer boards. Carol is the former President of the Board for Big Brothers and Sisters, a past board member of the Greater Victoria Film Commission, a past board member of the Coats for Kids Campaign, and a past member of the Victoria/Hillside Neighbourhood Action Group. An avid volunteer in her community she was the Coordinator for Health Partners and spoke on behalf of the Crohn's and Colitis Foundation. She is currently active in the South Vancouver Island Federal Liberal Women's Commission. Carol began her career working as a court clerk and after 25 years of service to the provincial government, she retired from the position of Acting Manager and Justice of the Peace for the Youth and Family Court in Victoria, B.C. Carol is presently a member of the Registration Committee.



Embracing Professional Accountability ...continued from front page

Kathy Corbett

Structure for Self-Reflection

The dialogue with registrants about conducting their self-assessment and developing a professional development plan was energizing and informative. Response to the Self-Assessment and Professional Development Plan requirement was generally very positive and reinforced the results of our earlier pilot study. Some registrants reported initial trepidation only to find the structured reflection was and relevant and meaningful to their practice. Others found it helpful to connect with other registrants and do the self-assessment together or talk about how the essential competencies are demonstrated in everyday practice. For individuals in roles that may not include occupational therapy with individual clients in direct services, the questions and discussion focused on the application of the competencies in that role or context. The questions and information gained from registrants will be used by the Continuing Competence Committee to improve the program and to develop further supports for registrants.

Commitment to Change

We have learned about some outcomes of the process. One group of occupational therapists in Victoria has shared their professional development goals with each other, or at least the themes. They are working together within their clinical support network to develop relevant education sessions. Another group was motivated to establish a journal club that had long been on the list but never done. Both of these examples underscore the college's objectives of the program: (1) to promote self-reflection and maintenance of individual competence; and (2) to promote professional accountability for continuous learning relevant to current or future practice.

Registrants also provided suggestions on what might be helpful to assist in their reflection on the

impact of a particular goal or strategy on their practice. Some suggested posting and sharing of goals and strategies on the college website. Others wanted more help with goal setting, identifying creative strategies and measuring outcomes on their practice. In any case, the energy was focused on how to continue to evolve and enhance the use of the self-assessment and professional development plans in everyday practice settings.

Accountability for Competence

The exploration of continuing professional development is not new to occupational therapists. Although no occupational therapist would disagree with staying current, the structured self-assessment and professional development plan have served perhaps to provide the focus and priority as a regulatory requirement. The fundamental responsibility for ensuring quality practice rests with each individual registrant; accountability means that each registrant is fully aware of the quality of his or her practice and is responsible for the services provided. Clients expect to receive safe, ethical and effective services provided by competent occupational therapists. By meeting your continuing competency requirements, you demonstrate to the public that you are maintaining your competence and respect your professional obligations. Continuing competency programs are one way we earn the public trust in our ability to self-govern.

Next steps

The Continuing Competence Committee will focus on the development of the next component of the program. It will also seek formal registrant feedback on the Self-Assessment and Professional Development Plan component through a quality improvement initiative. ■

1 Health Professions Act, R.S.B.C. 1996, c. 183

2 Health Practitioners Competence Assurance Act (2003)
Retrieved from www.moh.govt.nz/moh.nsf

Patients' data stolen with laptop

Research information on 2,900 people

thorized access to personal health information due to the theft or loss of a mobile computing device."

put a notice about the incident on its website. "We wanted to notify patients

Ms. Simeon acknowledged that any savvy computer hacker would likely be able to access the data despite the password. She said th

Portable devices increase risk for losing client records

With the increase use of laptop computers, flash cards and portable drives as small as your thumb, the probability of losing client information increases. The following letter to the editor offers us a glimpse of the public perspective.

It was written in response to an article in the Globe and Mail describing the theft of a researcher's laptop. According to the report, client records from 10 research studies involving people in rheumatology, endocrinology, infectious diseases and cardiac programs exposed personal information of 2,900 current and former clients. The doctor's car was parked unattended in a public area, and although the laptop was locked inside the car, the thief broke into the car and stole the laptop. The laptop was protected by a password and the information contained research information taken from charts as opposed to an entire chart with a complete history. Nevertheless authorities at the hospital admit

the password protection is not enough and are working with the Ontario's Privacy Commissioner's office to implement better safeguards such as encrypting files.

To read the report from the Ontario Information and Privacy Commissioner please visit:

<http://www.ipc.on.ca>. Occupational

therapists may also be interested in the commissioner's December 2006 report regarding a rehabilitation clinic that had closed its operations and left behind records containing personal health information.

File under common sense

With another laptop stolen containing sensitive files, it raises the issue of the competence of those people with access to this material (Information On 2,900 Patients Stolen With Laptop — March 8).

I doubt their wallet would be left for any thief to harvest, so why the cavalier attitude about something of value to others?

G. DAVIES, Victoria

Occupational therapists in B.C. are advised to review their policies and procedures for safeguarding client information on portable devices and implement up-to-date encryption practices to manage the risk.

In British Columbia, the Office of the Information & Privacy Commissioner, posts decisions on their website. This website also includes several resources including a handbook for businesses on the Personal Information Protection Act (PIPA). Visit: www.oipc.bc.ca/

Managing risks associated with assigning service components

Feedback regarding the college's guideline *Assigning of Service Components to Unregulated Support Personnel* indicated that examples from various practice contexts may help registrants understand how to use the risk management Decision Making Tool. Five scenarios were developed by the Standards Committee and reviewed by occupational therapists to ensure the descriptions were accurate and the decisions realistic. Please visit the college website for examples of how to apply the decision making tool to these scenarios. Note: these are abbreviated descriptions; the full scenarios and others appear on the website at: <http://www.cotbc.org/practice-scenarios.php>

Would you assign? What risk control measures would you implement?

Long Term Care

Mr. Jones was recently admitted to a long-term care facility with a diagnosis of Alzheimer's Disease. The assessment indicates difficulties with dressing activities, and the intervention plan includes increasing independence in his ability to dress himself. A rehab assistant (RA) is employed at the facility. The occupational therapist (OT) is responsible for occupational therapy intervention at three other long-term care facilities in the surrounding geographical area and is considering assignment of Mr. Jones' intervention to the RA.

School-Based Practice

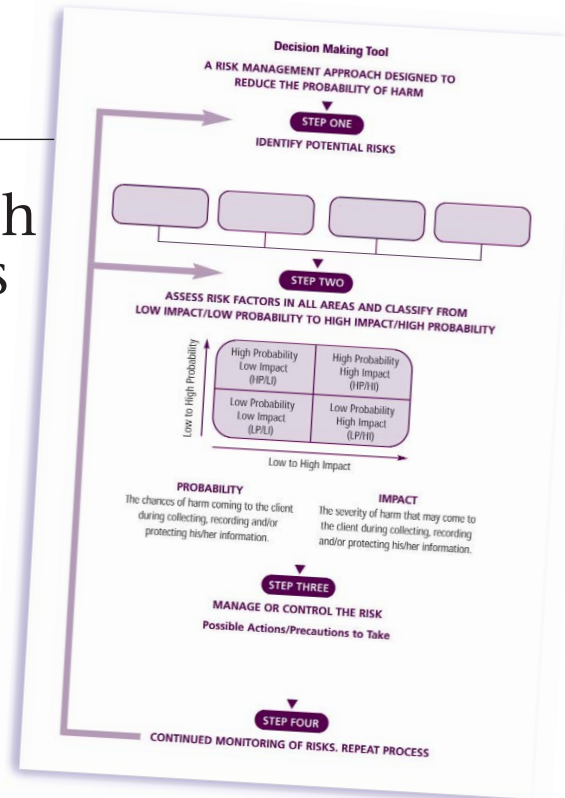
The occupational therapist (OT) is an employee of a school district, providing school-based occupational therapy services. The OT visits the school about once every three to four weeks. The client's parents have recently increased the texture of the client's food at home, and are asking for the client to have the same texture of food at school as she does at home. The OT has been asked to consult with the teaching assistant (TA) assigned to the client as the client has been choking on pieces of food recently at lunchtime.

Inpatient Mental Health

The client lives with his mother and stopped taking his medications three weeks ago. He was admitted through emergency after a suicide attempt and requires 24-hour supervision. He is delusional and is considered a danger to himself and others. The occupational therapist (OT) is available every day except Wednesdays. The rehabilitation assistant (RA) has one year of experience in mental health and has worked with patients who have schizophrenia.

Acquired Brain Injury: Community-based Private Practice

The transition house in the inner city has obtained funds to contract occupational therapy (OT) services. You have been asked to assess the client and develop a program that will be implemented by a rehabilitation assistant (RA) employed by the transition house. The organization does not include funding for your services to supervise the RA. The client, Mr. B, 35 years old, is living temporarily in the transition house. Your assessment of Mr. B's cognition, level of awareness and performance of ADLs indicate that Mr. B would benefit from intervention. There is a history of alcohol abuse. Medications have been prescribed for depressed mood. ■



The Decision Making Tool is an integral part of the college's practice guidelines. The tool is designed to facilitate the critical thinking necessary to make a decision regarding whether you have taken enough precautions to prevent harm to a client in a given situation. Watch for the next issue of *InStep* for scenarios that help you to assess and manage risks related to professional boundaries.

Manitoba funds initial study of entry-to-practice assessment

Manitoba Labour and Immigration through the Manitoba Immigrant Integration Program recently awarded the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) \$30,000 to begin development of a competency-based assessment process for entry to practice in Canada. This has been a priority of ACOTRO for several years and a goal re-confirmed in the 2006 Occupational Therapy Mutual Recognition Agreement. The agreement, originally struck in 2001, is intended to enhance the mobility of occupational therapists across provincial boundaries.

Confirming the ability of applicants to practise occupational therapy in any province typically involves a review of academic credentials. Adding competency-based assessment to the process by which registration/licensure eligibility is confirmed will provide internationally educated occupational therapists additional ways in which to demonstrate their practice skills. Areas for support and bridging are also more readily identified through competency assessment.

The Manitoba funds permit the foundational work of the project to begin; a research team at the University of Alberta under the direction of Dr. Vivien Hollis, PhD, Chair of the Department of Occupational Therapy is conducting the study.

Sharing ways to integrate internationally educated health professionals



In January 2007, ACOTRO was represented at the follow-up Health Canada meeting Collaborating for Progress: The Internationally Educated Health Professionals (IEHP) Initiative held in Toronto. The objective of Health Canada's IEHP Initiative is to support initiatives that reduce barriers and enable an increased number of internationally educated health professionals to integrate into the Canadian health workforce. Health Canada and Human Resources and Social Development Canada (HRSDC) have supported a range of projects which cover seven priority professions including occupational therapy. Attendees from these seven health professions, along with provincial and federal government representatives

worked in small groups to share progress and move forward on both pan-Canadian and provincial projects. These ranged from preparedness and integration, assessment and clinical

placements, to remediation programs.

A collaboration specific to occupational therapy is an HRSDC funded project to develop a framework that identifies the pathways followed by internationally educated occupational therapists when they first consider immigrating to Canada to their successful integration into practice. The project is an outcome of the CAOT Workforce Integration Project. For this framework project, ACOTRO is a partner with the Association of Canadian Occupational Therapy University Programs (ACOTUP) and CAOT. The ACOTRO project mentioned above endeavours to develop Canada-wide tools and processes to assess entry-level competence.



New OT Council enhances collaboration

An increasing need to coordinate and formally communicate on issues affecting occupational therapy resulted in the formation of the Occupational Therapy Council of Canada (OTCC). The council is comprised of two representatives of national occupational therapy organizations including ACOTRO, ACOTUP and CAOT. The

Canadian Occupational Therapy Foundation is also a member. The purpose of the OTCC is to promote coordinated action and planning on issues of mutual concern that will enhance the development of the profession. The terms of reference were confirmed in January 2007 with the next teleconference meeting scheduled for June 13.

Network connects regulators across Canada

ACOTRO is one of the founding members of the Canadian Network of National Associations of Regulators (CNNAR). This federation includes self-regulating organizations from health and non-health groups such as professional engineers. Newly incorporated this year, its focus was on planning its inaugural conference held on April 16, 2007. COTBC and other ACOTRO members were in attendance.



Strong B.C. presence at CAOT conference

Many B.C. occupational therapists are making their way to St. John's Newfoundland this coming July. There are 26 abstracts in the preliminary conference program to be presented by our province's researchers, practitioners, managers, students and college staff. That's almost 30% of the conference program! The present CAOT President Sue Forwell is also a B.C. occupational therapist and will address the conference on Saturday, July 14. ACOTRO is sponsoring another session titled Continuing Competency Programs: Trends, Relevance and Challenges. Members of the panel will explore the research priorities in developing quality assurance programs that are

both relevant to registrants and are true to the public protection mandate. ACOTRO is grateful to CAOT for providing this opportunity at their annual conference.



With much regret...

The college board and staff were saddened in January when they received word from Duncan Little's wife Carol that he had passed away on January 10 from a rare but aggressive cancer. Duncan had joined the board last February but because of poor health was unable to participate as he had hoped. He was actively involved in his community of Abbotsford and will be missed greatly. A memorial service was held on February 2. In Duncan's name, the college donated a wheelchair through the Rotary Wheelchair Foundation.

Hiring new Occupational Therapy Graduates frequently answered questions for upcoming graduates and employers

With a short supply of occupational therapists in B.C. both employers and graduates alike are anxious to fill the demand as soon as possible. The following questions and answers may help you to prevent unnecessary delays.



1 Why do new graduates have to register with the college?

To practise as an occupational therapist, represent oneself as an occupational therapist and use the title 'occupational therapist' or 'OT', an individual must register with the college. This is a legal requirement. Occupational therapists were delegated the privilege of self-regulation under the *Health Professions Act*. In doing so the college assures the public, clients, employers, and fee payers that all occupational therapists in B.C. are qualified to enter practice, accountable for keeping their competence current and meet the college standards for practice and ethical conduct.

2 When can new graduates practise in BC?

As soon as their application has been approved by the COTBC Registration Committee. Once the college receives an application, it takes an average of one to two weeks for a new graduate to receive provisional registration status. To meet full registration status the new graduate must show evidence that he or she has completed all the requirements for graduation and passed the national certification examination administered by the Canadian Association of Occupational Therapists (CAOT).

Granting provisional status is necessary for graduates who must wait to write the exam which, at present, is offered in July and November of each year. Provisional registration allows new graduates to practise under the general supervision of a registered occupational therapist. The supervising occupational therapist must complete the Employer Acknowledgement Form and return the signed original to the college. Once the provisional registrant has sent evidence to the college indicating successful completion of the exam, his or her registration status will be changed to full with no conditions.

3 How can I speed up the registration process?

Delays are generally due to incomplete applications. To prevent this, be sure to:

- a** Complete all parts of the application form, sign it and have it witnessed. This can be done by anyone who knows you, such as a family member or a friend.
- b** Return the completed Criminal Records Search Authorization Form to COTBC with approved payment.
- c** Provide evidence of successful completion of the certification examination or verification of registration to write the exam at the next available sitting.

- d** Provide confirmation of professional liability insurance.
- e** Arrange for a final transcript, sent directly from the university's registrar's office. This transcript must indicate that the degree was conferred*.
- f** Submit registration fees.

**To prevent delays due to the transcript process, the college will accept applications that include a photocopy of the transcript request and the original signed letter, sent directly from the occupational therapy program's director, indicating the applicant has met all the occupational therapy graduation requirements (including fieldwork).*

4 How do I know if an application has been approved?

Applicants will receive confirmation of their registration status and individual registration numbers. If in doubt about the registration status of a new graduate or occupational therapist in B.C., please contact Jill Langridge at the college office. Tel. **1-866-386-6822 (Toll-free in B.C.)**, **1-250-386-6822** for calls placed outside of B.C., or e-mail: **registration@cotbc.org**.

Web Resources

The Special Provisions information under How to Register – Canadian Applicants on the college website at **www.cotbc.org/canadian_applicants.php** contains detailed information. It is also helpful to download the Guidelines for General Supervision, the Employer Acknowledgment Form and the Registration Form Guide for New Graduates from Canadian Programs.

Annual Registration Renewal Reminder

As you receive this issue of the *InStep* newsletter, we are gearing up for one of the busiest times of year for the college. Registrants can expect to receive their annual renewal form by mid – May. As always, the renewal deadline is June 30, 2007 and renewal of your registration is required to practise legally in British Columbia. The fee remains at \$350.00.

Please be sure you fully complete all sections of your renewal form, that you have signed the declaration, and provided verification of your professional liability insurance.

Last year you may have noticed some changes to the information gathered on the renewal form. COTBC along with other provincial occupational therapy regulators continues to participate with the Canadian Institute for Health Information (CIHI) in the development of the first national supply-based database for occupational therapists. Please complete all sections of the form to maintain a current profile. As a result of the CIHI project, COTBC implemented a new database that has the capacity for online registration if the board decides the costs to purchase software and other website updates is justified.

Registrants who fail to renew their registration by July 31, 2007 are cancelled from the register, must pay a late fee and are not able to work until their registration is reinstated by the board of the college. Employers are notified when a registrant ceases to be registered.

For convenience, registrants may return their completed renewal form anytime along with a post-dated cheque dated for July 1, 2007. This will shorten your 'to do' list and help the college process registration materials in a timely fashion.

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and Communications*
Jill Langridge
Executive Assistant
Darlene Hay
*Receptionist and
Administrative Assistant*



college calendar

COTBC Practice Presentations

May 9, 2007, 1 – 4 p.m.
Fort St. John, B.C.
Contact: Caroline Dunford
caroline.dunford@northernhealth.ca
May 10, 2007, 1 – 4 p.m.
Prince George, B.C.
Contact: Anne-Marie Draper
anne-marie.draper@northernhealth.ca
May 11, 2007, 1 – 4 p.m.
Prince Rupert, B.C.
Contact: Angenita Gerbracht
angenita.gerbracht@northernhealth.ca
May 24, 2007, 4:30 p.m.
BCSOT Vancouver Regional Event
Medical Student Alumni Centre
2750 Heather St at 12th
Contact: BCSOT
604-736-5645
info@bcsot.org

Registrant Renewal Deadline

June 30, 2007

COTBC Board Meetings

June 23, 2007
Richmond, B.C.
October 26, 2007
Location TBA

Annual General Meeting

October 27, 2007
Location TBA

Registrants interested in
attending email: info@cotbc.org

Address changes – let us know!

Keeping all your contact information up to date is a critical component of registration.

It is your responsibility to ensure your contact information is accurate and current.

Up-to-date contact information ensures college mailings are received in a timely manner. Also, COTBC is required under the *Health Professions Act* to maintain a public register. Information on the status of your registration is available to the public by contacting the college. The *Act* mandates that the register include the registrant's name, business address and business telephone number.

The college provides members of the public with your registration status, business address and business telephone number when requests for information are received. If you are self-employed, be advised that business contact information (even if it is the same as your personal contact information) is disclosed on the public register.

To update your registrant file, please provide the information in writing via mail, fax or email message to registration@cotbc.org.

