College of Occupational Therapists of British Columbia

Registration Reinstatement 2018-2019

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

Personal Information

☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr. ☐ 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)

National Occupational Therapy Certification Examination (NOTCE) Formerly CAOT Exam

Select any that apply and complete the details if required.

_____ I passed the NOTCE Year _____

_____ I failed the NOTCE Year(s) _____

_____ I was not required to write the NOTCE.

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 ☐ 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 reinstate your registration until this mandatory requirement has been met.

I understand it is my responsibility to maintain professional liability insurance 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 three years, I have worked at least 600 hours

☐ I graduated within the past 18 months

☐ I completed an approved re-entry program in the past 18 months

☐ I do NOT meet any of the above currency requirements and require a review

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

☐☐ University | Prov/State/Country | Year of Graduation

☐☐ University | Prov/State/Country | Year of Graduation

☐☐ 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

	University	Field of Study	Prov/State/Country	Year of Graduation
☐☐		☐☐☐		
☐☐		☐☐☐		

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

Field of Study

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

Employment Profile

This section must be completed. Registrants are responsible to notify the College and 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 *HPA*).

☐☐

10 Employed
11 Employed, on leave
20 Unemployed and seeking employment in Occupational Therapy
30 Unemployed and not seeking employment in Occupational Therapy

Initial Here

☐

I understand that I must not return to work (this includes orientation or training) 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 _____

This question needs to be answered by ALL categories of registrants.

Please indicate the primary REGION in which you will be working (or seeking work) in BC.

☐☐

10 Vancouver Island and Gulf Islands
20 Metro Vancouver
30 Fraser Valley
40 Sunshine Coast/Whistler
50 Thompson Okanagan
60 Kootenay Rockies
70 Cariboo & Chilcotin Coast
80 Northern BC
90 I currently work outside BC

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
☐☐	☐☐	☐☐

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 ☐☐ @ _____ wk

Secondary ☐☐ @ _____ wk

Third ☐☐ @ _____ 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 ☐☐

10 Manager
20 Professional Leader/Coordinator
30 Direct Service Provider
40 Educator
50 Researcher
60 Other

Employment Type (indicate only one for each employment)

Primary ☐☐☐ Secondary ☐☐☐ Third ☐☐☐

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 ☐☐☐ Secondary ☐☐☐ Third ☐☐☐

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 ☐☐ Secondary ☐☐ Third ☐☐

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 ☐☐ Secondary ☐☐ Third ☐☐

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/licensed to practice as an occupational therapist in other provinces/states/countries? ☐ Yes ☐ No

Have you been registered/licensed to practice as an occupational therapist in other provinces/states/countries since you were last registered with 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 Regulatory History 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/license. Attach a separate sheet if additional space is required.

Regulatory Body	Prov/State/Country	Registration/License 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	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 _____

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 *Freedom of Information and Protection of Privacy Act (FOIPPA)* and promotes protection of privacy of personal information in a manner consistent with the FOIPPA. 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 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.

☐ 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, revocation of any registration granted to me, or other regulatory action.

☐ 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** _____

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

If you are reinstating your registration from cancelled, you will be required to undergo 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.

Please see the Criminal Record Check Instruction Guide or contact the College office for more information.

Checklist

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

- ☐ A completed, signed, and dated Registration Reinstatement form.
- ☐ Documentation verifying eligibility to work in Canada if you are not a Canadian Citizen.
- ☐ Documentation verifying professional liability insurance coverage.
- ☐ The Registration Reinstatement Fee of $525.00. If you are currently in the Non-Practicing category, you are required to provide $400.00 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.

Fees

Registration Reinstatement Fee _____ $525.00 **Total Amount Included** _____

Registration Reinstatement Fee: For registration July 1, 2018 to June 30, 2019 the fee is $525.00. The fee is not pro-rated. ☐ Enclosed Initial

Payment: Make cheques or money order payable to COTBC. A $25.00 fee is charged for cheques returned NSF (not sufficient funds).

Practising without registration is considered unauthorized practice and subject to regulatory action for professional misconduct.

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

Registration Reinstatement 2018-2019

Return the Registration Reinstatement 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

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.

Work Eligibility: Please forward proof of legal work authorization if you are not a Canadian citizen, e.g. valid work permit, permanent resident card.

Business Information (BC): This section MUST be completed. Your full BC 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 renewal.

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 $28.00 Fee: Please see Criminal Record Check Instruction Guide for more information.

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