

# College of Occupational Therapists of British Columbia

## Annual Registration Renewal 2019-2020



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, 2019  
**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, 2019 .

**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.

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 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

## Annual Registration Renewal 2019-2020

### OT Post Entry Level Education Please indicate any other OT education you have attained since July 1, 2018

<input type="text"/>	<input type="text"/>	University _____	Prov/State/Country _____	Year of Graduation _____
<input type="text"/>	<input type="text"/>	University _____	Prov/State/Country _____	Year of Graduation _____

**Degree/Diploma Codes:**          20 Baccalaureate                          32 Master's (post entry)                          40 Doctorate

### Education other than OT Refer to degree and field of study codes below

<input type="text"/>	<input type="text"/>	University _____	Field of Study <input type="text"/>	<input type="text"/>	<input type="text"/>	Prov/State/Country _____	Year of Graduation _____
<input type="text"/>	<input type="text"/>	University _____	Field of Study <input type="text"/>	<input type="text"/>	<input type="text"/>	Prov/State/Country _____	Year of Graduation _____

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

<b>Field of Study</b>	010: General Rehabilitation Science 020: Health Administration/ Management 030: Public Administration	040: Public Health 050: Kinesiology & 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
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### Employment Profile

This section must be completed yearly. 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 are provided upon request (Section 22 HPA)

<input type="text"/>	<input type="text"/>	10 Employed	20 Unemployed and seeking employment in Occupational Therapy
<input type="text"/>	<input type="text"/>	11 Employed, on leave	30 Unemployed and not seeking employment in Occupational Therapy

If unemployed, you will need to provide OT employment information to the College once you begin work again. Please indicate the end date of your most recent employment.

Employment End Date \_\_\_\_\_  On leave until date \_\_\_\_\_

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

Please indicate the primary REGION in which you currently work in BC. If you are a provisional registrant please choose the region most applicable to your current situation.

<input type="text"/>	<input type="text"/>	10 Vancouver Island and Gulf Islands	40 Sunshine Coast/Whistler	70 Cariboo & Chilcotin Coast
<input type="text"/>	<input type="text"/>	20 Metro Vancouver	50 Thompson Okanagan	80 Northern BC
<input type="text"/>	<input type="text"/>	30 Fraser Valley	60 Kootenay Rockies	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

## Annual Registration Renewal 2019-2020

### 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	40 Educator
		50 Researcher	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"/>	
<b>Direct Service—Physical Health</b>	<b>Additional Areas of Direct Service</b>	<b>Additional Areas of Client Management</b>	<b>Education</b>
20 Neurological	10 Mental Health	120 Client Service Management	140 Teaching
30 Musculoskeletal	70 Vocational Rehabilitation	130 Medical/Legal	<b>Administration</b>
40 Cardiovascular/Respiratory	80 Palliative Care	<b>Research</b>	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)	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 <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	40 Other Funding Source
			45 Insurance Industry
			55 Other Insurance

## Annual Registration Renewal 2019-2020

### 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, 2018? .....  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
_____	_____	_____	_____
Regulatory Body	Prov/State/Country	Registration/License No.	Expiry Date
_____	_____	_____	_____
Regulatory Body	Prov/State/Country	Registration/License No.	Expiry Date
_____	_____	_____	_____

Since July 1, 2018, 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, 2018, 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 2018-2019.

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 2019-2020.
- 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 2019-2020 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, 2019) OR
- The fee for Non-Practicing of \$125 (may be post-dated for June 30, 2019)

**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.

## Annual Registration Renewal 2019-2020

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

- If an email was sent to you in February 2019 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, 2019 - \$183.75

**Total Amount Included** \_\_\_\_\_

**Annual Registration Fee:** For registration July 1, 2019 to June 30, 2020 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, 2019. Your complete form and fee must be post-marked no later than June 30, 2019. 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, 2019 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](mailto:registration@cotbc.org)

#### For Office Use Only

Date Received \_\_\_\_\_ Fees  Cheque  Money Order

Annual Registration Fee \$ \_\_\_\_\_