REGULATORY HISTORY FORM
Authorization to Release Information

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).

<table>
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<th>Question</th>
<th>Details</th>
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| 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) (Signature of Applicant)

__________________________________________
(Date) (Signature of Witness)

Regulatory History Confirmation

(Name of Registrar or Designate (please print))

Please Affix Seal

__________________________________________
Signature of Registrar or Designate