

Name of applicant	Registration number
Address of applicant	

I am applying for registration to practice as an occupational therapist in the province of Alberta. I hereby authorize

*(Name and address of Occupational Therapy Regulatory Authority)*

to answer the following questions on my regulatory history.

Signature of applicant	Date
Signature of witness	Date

Regulatory History	
1. Has this person ever been licensed to practice occupational therapy in your jurisdiction? <i>If yes, state dates of registration</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current
2. Are there/were there any conditions/restrictions to his/her license to practice occupational therapy? <i>If yes, please describe</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has this person been the subject of any disciplinary action by your organization? <i>If yes, please describe the findings and the penalty</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time? <i>If yes, please explain</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Registrar or Designate

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Name of Regulatory Board (please affix seal)