

The College requires timely notification of changes to your contact information. Changes to your profile can be made online through the member login at [www.acot.ca](http://www.acot.ca) or by completing the form below. The form can be faxed to 780.434.0658; or sent by mail to ACOT, 312, 8925 – 51 Avenue, Edmonton, AB T6E 5J3.

<b>1. Profile</b>			
Name		Registration Number	
<b>2. Address Changes</b>			
old address		new address	
Address		Address	
Postal Code	City/Province	Postal Code	City/Province
Telephone	Country	Telephone	Country
Fax	Email	Fax	Email
<b>3. Name Changes (proof of name change must be provided)</b>			
Name Change From		Name Change To	
<b>4. Employment Profile Changes</b>			
<b>4.1 Primary Employment</b>			
Start date (MM/DD/YYYY)		Worksite or Facility Name	
Worksite Address			
City	Province	Postal Code	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Fax	Postal Code reflects site of practice	
Supervisor's Name (if applicable)		Email	
<b>4.2 Secondary Employment</b>			
Start date (MM/DD/YYYY)		Worksite or Facility Name	
Worksite Address			
City	Province	Postal Code	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Fax	Postal Code reflects site of practice	
Supervisor's Name (if applicable)		Email	
<b>4.3 Third Employment</b>			
Start date (MM/DD/YYYY)		Worksite or Facility Name	
Worksite Address			
City	Province	Postal Code	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Fax	Postal Code reflects site of practice	
Supervisor's Name (if applicable)		Email	
<b>4.4 Employment Category</b>			
Primary Employment	<input type="checkbox"/> <input type="checkbox"/>	Secondary Employment	<input type="checkbox"/> <input type="checkbox"/>
Third Employment	<input type="checkbox"/> <input type="checkbox"/>		
<b>10</b> Permanent	<b>20</b> Temporary	<b>30</b> Casual	<b>40</b> Self-Employed

#### 4.5 Weekly Hours of Work

What are your current weekly hours of work? (rounded up to the nearest whole number)

Primary Employment  Secondary Employment  Third Employment

#### 4.6 Employment Position

Primary Employment  Secondary Employment  Third Employment   
**10** Manager **30** Direct Service Provider **50** Researcher  
**20** Professional Leader/Coordinator **40** Educator **60** Other

#### 4.7 Employment Type

Primary Employment  Secondary Employment  Third Employment   
**10** General Hospital **60** Community Health Centre **110** School or School Board  
**20** Rehabilitation Hospital/Facility **70** Home Care **120** Assoc./Government/Para-Government  
**30** Mental Health Hospital/Facility **80** Group Professional Practice/Clinic **130** Industry/Manufacturing/Commercial  
**40** Residential Care Facility **90** Solo Professional Practice/Clinic **140** Other  
**50** Assisted Living Residence **100** Post-Secondary Education Institution

#### 4.8 Area of Practice

Primary Employment  Secondary Employment  Third Employment   
**Direct Service – Physical Health** **Additional Areas of Direct Service** **Areas of Client Management** **Education** **Research**  
**20** Neurological **10** Mental Health **120** Client Service Management **140** Teaching **150**  
Research  
**30** Musculoskeletal **70** Vocational Rehabilitation **130** Medical/Legal Related  
**40** Cardiovascular & Respiratory **80** Palliative Care  
**50** Digestive/Metabolic/Endocrine **90** Health Promotion & Wellness **Administration**  
**60** General Physical Health **100** Other Areas of Direct Service Provision **110** Service Administration **160** Other Areas of Practice

#### 4.10 Client Age Range

Primary Employment  Secondary Employment  Third Employment   
**10** Preschool (0-4) **21** Mixed Paediatrics (0-17) **40** Seniors (65+) **44** All Ages  
**20** School age (5-17) **30** Adults (18-64) **41** Mixed Adults (18+) **50** Other

#### 4.11 Funding Source

Primary Employment  Secondary Employment  Third Employment   
**11** Public/Government **20** Private Sector/Individual Client **30** Public/Private Mix **40** Other Funding Source

### 5. Verification of Changes

I hereby authorize that the changes made by me in this form are complete and correct to the best of my knowledge.

Signature

Date