



Courtesy Register Application

This application form is for occupational therapists who normally reside outside of Alberta and who wish to teach or provide occupational therapy services temporarily in Alberta. Applicants include educators, researchers, consultants and participants in occupational therapist exchange programs.

Applicants will currently hold an unrestricted practice permit with another licensing/registering organization and have a time limitation attached to their tenure in Alberta. Other applicants may be registered on the Courtesy Register at the discretion of the Registrar.

Courtesy permit registration must be completed prior to the start of any temporary employment in Alberta.

Professional Liability Insurance

All occupational therapists practicing in Alberta must hold a minimum of five million dollars professional liability insurance coverage to protect a therapist's assets against lawsuits and defense costs and ensure that clients who have suffered damages can be compensated.

It is the intent of this regulation that all professional activities including clinical, teaching, and research activities, paid or unpaid, are protected. Employer-provided policies typically cover the employee solely for the professional services rendered for that employer. Occupational therapy services provided outside your primary place of employment may not be protected by an employer's group policy.

Regulated members are required to ensure liability insurance protection on all professional activities meet College requirements. The declaration section must be signed and dated in order to complete the application.

Fees

The Courtesy Register permit fee is \$40.00 per 30 day period. Payment must be submitted with the application and must be paid in full for the duration of tenure in Alberta. Payment may be made by cheque, money order, Visa, or MasterCard. Cheques or money orders should be made payable to Alberta College of Occupational Therapists. All payments are required in Canadian funds.

Application should be mailed to: Alberta College of Occupational Therapists, 312, 8925 – 51 Avenue, Edmonton, AB T6E 5J3 or faxed to: 780.434.0658.

Processing time

The College normally processes applications for registration within 10 working days of receiving the complete application. Applications received from outside of Canada require additional time for the process of evaluating substantial equivalency and it is advisable to allow at least 6-8 weeks for processing.

If you have questions regarding your application contact the College at

T: 780.436.8381 x101

E: registration@acot.ca

Personal Information

Surname: _____ Given Name(s): _____
 Address (Street/Apt No.): _____ City: _____
 Province/State: _____ Postal Code: _____
 Telephone: () Fax: ()
 Date of Birth (MM/DD/YYYY) _____ Male Female Other
 Email: _____

Visit Information

Event, Course or Project: _____
 Name of Site Location: _____
 Address (Street/Apt No.): _____ City: _____ Postal Code: _____
 Contact Person: _____ Telephone: _____
 Provide exact dates for the start and end of the event, course or project: _____

Declaration

- I declare, to the best of my knowledge, I am in possession of valid professional liability insurance for the practice of occupation therapy in Alberta that affords me no less than five million dollars of professional liability insurance coverage. I understand the status of my professional liability insurance is subject to audit and that false or misleading statements concerning my coverage may be considered grounds for a complaint of unprofessional conduct.
- I declare I am not currently under investigation or subject to an unprofessional conduct process
- I declare I have not ever pleaded guilty or been found guilty of a criminal offence.
- I certify that the information given by me in this application is true, correct and complete to the best of my knowledge. I agree to abide by the Health Professions Act of Alberta and the Occupational Therapists Profession Regulation.

Signature _____ Date _____

Fee

The Courtesy Register permit fee is \$40.00 per 30 day period. Fee owing= (\$40.00 x number of 30 day periods).

Method of Payment: Visa MasterCard Cheque Money Order
 Total payment amount: _____

If paying by credit card:

Name on Card _____
 Card Number: / / / Expiry Date (MM/YY): / /
 Signature: _____ Date (MM/DD/YYYY) _____

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