



This Step-by-Step Guide to ACOT's registration renewal process is one of the several resource materials prepared to assist with orientation of registrants to the new version of the online registration/continuing competence platform which can be found on the <u>ACOT website</u>.

If any questions remain after reviewing this guide or any of the other resource materials; or, if you have feedback for us on the content of the materials, feel free to call (780.436.8381) or email (<u>info@acot.ca</u>). This guide and the other resources are "living" documents and updates will occur as required to meet registrant needs.

Prepared December 2019

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1. Renewal Process Overview

ACOT's registration year goes from March 1-February 28/29. Registration renewal opens January 1 each year. You must complete all required renewal documentation and submit payment prior to Feb 28/29 or your registration will be automatically cancelled. If cancelled, your employer will be notified indicating that you are not eligible to practice OT until you have a valid permit. Prior to resuming practice after cancellation, you must reapply to become registered – this includes submission of a new application form, payment of an application fee in addition to the registration fee, and provision of current criminal record and vulnerable sector record check documentation.

a. Logging in to the online platform

You can access the updated online platform from your computer or mobile device by clicking the "Member Login" icon 🔊 at the upper right-hand corner of the ACOT webpage - <u>https://acot.ca/</u>.

G ACOT × + ∨				
ALBERTA COLLEGE 6/ OCCUPATIONAL THERAPISTS			MEMBER LOGIN	
ABOUT ACOT WORKING WITH AN	OT COMPETENT CARE	REGISTRANTS	NEWS & RESOURCES	CONTACT US
				-

You will be taken to the ACOT Member Portal screen where you will enter the primary email address you have on file with ACOT (no longer your registration number) along with the password you created to login to the old version of the platform.

🔓 Login	
Email address	
Password	
Login	
Forgot your password?	
	Email address Password Login

If you are not sure which email is your preferred email, it is the one where you receive your eNews updates from ACOT.

<u>NOTE</u>: If you are an AHS employee and your AHS email is your preferred email with ACOT, you may still need to write it out "@albertahealthservices.ca" in full in order to login – you can change to the new abbreviated version of the email address ('@ahs.ca") when you do your profile update.

b. Forgot your password?

If you have forgotten your password, click **"Forgot your password"** and you will be taken to the Alinity password reset page where you can create a new password.

Reset Password	
click Submit. We'll send an ema	d with your Alinity account, then il to the email address associated a page where you can create a
Email address	
Enter the code on the right	HNKOFX Click to change
SI	ubmit

Once you have logged in, you will be taken to the Home page of the Member Portal. During registration renewal, the home page will look like this:

ACOT Member Porta	1					?	rt 🛛 🤇	Hi,
🖀 Home	A Home							
And the second s	Complete Your Renewal		🎩 My self a	ssessments				
My documents	General	Renew	Date	¢	Status			¢
Wy groups	General	Kenew	2019/2020		Require	d		
My learning	Cancelled	Renew	2018/2019		Submitt	ed		>
My profile	= Active Permit		2016/2017		Submitt	ed		>
Powered by Alinity			2015/2016		Submitt	ed		>
	General Permit Effective Expires	Tax receipt	2014/2015		Submitt	ed		>
	01-Mar-2019 29-Feb-2020		🚍 My invoi	ces			Incl	ude paid
			Date	• Total	\$	Due	\$	
Complete	e Your Renewal		0 invoice(s)					
Provisiona	Renew		Annound	cements (0)				
Cancelled	Renew			No ar	nouncemer	nts		
Cancelled	Renew							

c. The four-step renewal process at a glance

When you click on the **Renew** button for the register you are renewing for (i.e. General or Provisional), you will be taken to the screen that shows you where you are at in the four-step renewal process:



The next sections of this guide will take you through what you need to do for each of these steps.

<u>NOTE</u>: You do not need to complete the renewal process in one sitting – your content will be saved if you have pressed either the "Next" or "Save for Later" buttons at the bottom of the page within each step. You may also choose the "Withdraw" option in either Step 1 or Step 4 if you have initiated renewal but wish to start again (content in Step 2&3 will be saved but you will need to reselect the "goal completion" options).

CCP components can be edited right up to the point of registration fee payment

2. Step 1 - Profile Update

When you click on the Update button under the Profile Update step you will be taken to a screen where you will be required to review, change and confirm:

- a. your personal information and education;
- b. your employment status and employer information;
- c. your practice hours within and outside of employment; and,
- d. specializations and/or registration in other jurisdictions.

Please note that you can change the information in the My Profile section any time during the year by going into the "My Profile" tab and clicking on the Edit button. You are required as per the *Health Professions Act* to ensure the College has your most current and up-to-date contact and employment information.

a. Changing personal information and education i. <u>Name Changes</u>

Prior to a name change being visible on your profile, you must submit a formal request to ACOT which includes uploading supporting documentation as proof of your name change. Click on the Add button to request a legal name change.

			W
* First name	Middle name(s)	* Last name	
Suffix			
* Supporting documentation			

ii. Address and contact information changes

You can change your contact information (phone number and email) any time and without approval but address changes require that you submit a request to change your address. Click on the Add button to request an address change.

Current Address			
Apartment / Box No. / Address	or Street No.		
City		Postal/Zip code	
Add Click to request an add	dress change		
Mobile phone # 🝞	Home phone # 😮	* Email	

When changing either your name or you address you will receive an email from ACOT similar to the one following:

From: ACOT < <u>info@acot.ca</u> > Date: December 20, 2019 at 5:21:59 PM MST Subject: Profile Update Blocked
Hi,
Your profile update submission has been received. The changes will be made once the profile update form is reviewed and approved.
Thank you.

You will also receive an email once the change has been approved.

iii. Updating education credentials

If you have earned additional education credentials since you last renewed, click on the Add button to indicate your new designation and in what field of study. You will also upload supporting documentation as verification of your additional credentials.

EDUCATION

Your education is listed below. If you have a	new credential to add, please cli	ck the [ADD] button below.	
Designation BScOT	Institute	Granted year	
Add Click here to add additional educati	on		
* Designation	Institute	* Field of study	~
* Date received yyyy-mm-dd If your institute is not available in the list al here.	pove please enter the name, loca	tion and phone #	
* Supporting documentation Click here to upload a supportin	g document from your compu	ter	

The drop-down lists for the Designation and Field of Study sections include the following options:



* Field of study
-
Biological, Biomedical, and Physical Sciences Business, Management, Marketing and Related Education General Rehabilitation Science Gerontology
Health Administration/ Management Health Professions and Related Clinical Sciences Kinesiology and Exercise Science Law
Other Field of Study Physiology Psychology Public Administration
Public Health Social Sciences, Arts and Humanities

b. Modifying current employment/employer information i. <u>Indicating employment status</u>

You are required to verify your employment status for the <u>past</u> year. The options (as currently specified by the Canadian Institute of Health Information - CIHI) include the following:

EMPLOYMENT	
You are required to report your overall employment status between 20	19-03-01 and 2020-02-29.
* Employment status	
* Employment status	
-	
Casual employment in profession	
Not Employed: Not seeking	
Not Employed: Seeking employment	
Regular employment in profession	

Choose the one that best reflects your employment status during the <u>past</u> registration year (Mar 1-Feb 28/29).

ii. Adding an employer

If an employer that you accrued practice hours during the year is not showing up in your profile you can add the employer in by clicking on the Add button.

Organization				
* Title/position		Contact phone	End date (if ap	oplicable)
-	~	Example: 403-555-5555	yyyy-mm-d	d
* Status		* Age range	* Main area of	f practice
* Status -	~	* Age range -	* Main area of	f practice
-		* Age range - ve please enter the name, location and p	·	f practice
-			·	f practice
-			·	f practice
-			·	f practice
	ailable in the list abo		- hone # here	* Practice hours

The drop-down lists for title/position, status, age range and main area of practice are as follows:

Musculoskeletal System - School Age (5-17)	-	
Educator Manager Other Professional Leader/Coordinator Researcher Main area of practice Main area of practice Main area of practice Main area of practice Cardiovascular and Respiratory System Cilent Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Neurological System Other Areas of Direct Service Other Areas of Direct Service Service Administration Teaching	Direct Service Provider	Convel
Manager Other Professional Leader/Coordinator Researcher Main area of practice Main area of practice Cardiovascular and Respiratory System Cient Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Other Areas of Direct Service Other Areas of Direct Service Direct Service Administration Teaching	Educator	
Other Self Employed Professional Leader/Coordinator Temporary Researcher * Age range Main area of practice * Age range Cardiovascular and Respiratory System Adults (18-64) Client Service Management Adults (18-64) Digestive/Metabolic/Endocrine System Mixed Adults (18+) General Physical Health Mixed Adults (18+) Health Promotion and Wellness Mixed Paediatrics (0-17) Mental Health School Age (5-17) Seniors (65+) Seniors (65+)	Manager	
Professional Leader/Coordinator Researcher Main area of practice Cardiovascular and Respiratory System Client Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	Other	
Researcher Main area of practice * Age range Cardiovascular and Respiratory System Client Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Musculoskeletal System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	Professional Leader/Coordinator	Temporary
Main area of practice Cardiovascular and Respiratory System Client Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching		
Cardiovascular and Respiratory System Client Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Neurological System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching		
Client Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching Adults (18-64) All Ages Mixed Adults (18+) Mixed Paediatrics (0-17) Preschool (0-4) School Age (5-17) Seniors (65+)	Main area of practice	* Age range
Client Service Management Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching Adults (18-64) All Ages Mixed Adults (18+) Mixed Paediatrics (0-17) Preschool (0-4) School Age (5-17) Seniors (65+)		
Digestive/Metabolic/Endocrine System General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Neurological System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching		Adulta (18, 64)
General Physical Health Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Neurological System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	0	
Health Promotion and Wellness Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Neurological System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	-	<u> </u>
Medical/Legal Related Client Service Management Mental Health Musculoskeletal System Neurological System Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	-	
Mental Health Preschool (0-4) Musculoskeletal System School Age (5-17) Neurological System Seniors (65+) Other Areas of Direct Service Seniors (65+) Other Areas of Practice Palliative Care Research Service Administration Teaching Teaching		
Neurological System Seniors (65+) Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	Mental Health	Preschool (0-4)
Other Areas of Direct Service Other Areas of Practice Palliative Care Research Service Administration Teaching	Musculoskeletal System	- School Age (5-17)
Other Areas of Practice Palliative Care Research Service Administration Teaching	Neurological System	Seniors (65+)
Palliative Care Research Service Administration Teaching		I
Research Service Administration Teaching		
Service Administration Teaching		
Teaching		
0		
	Concerning and the second s	

Please note that the options for title/position, status, age range and main area of practice are all specified by CIHI. We will be working with CIHI in the coming months to identify categories in each of those areas that better capture and reflect the diversity and reality of OT practice in Alberta.

iii. Removing or making changes to an employer

If a former employer is showing up in your profile or if you have changed positions with that employer, select the Yes option in the section that asks – *"Do you need to change your employment information?"* If you are no longer working for that employer, enter an "end date". If you have not accrued any hours with that employer in the past registration year, enter "0" otherwise, enter the number of hours worked for that employer in the past registration year. If your position has changed with that same employer, you can indicate any changes in title, status, client group age range, area of practice, and contact number.

2019/2020 Employment

Health Cent	re	
Title/position Professional Leader/Coordinator	Contact phone	Age range All Ages
Status	Main area of practice	
Permanent	Health Promotion and Wellness	
Please enter the total practice hours	for the employer for the current registration yea	r. * Practice hours
The number of hours can be 0 but ca must be used.	nnot exceed 4000. Keep in mind that a whole nu	umber
Do you need to change your employ Yes ONo	ment information?	
Changes		
	Contact phone	End date (if applicable)
	Contact phone	End date (if applicable) yyyy-mm-dd
Title/position Status		

c. Entering and tracking practice hours

In order to have Alberta's OT workforce data more accurately represented, we are now requesting that registrants enter their practice hours by employer. There is also the option to include practice hours outside of employment.

i. <u>Recording practice hours outside of employment</u>

<i>Please enter the total practice hours outside of your employment for the current registration year.</i>	 Practice hours outside of employment
The number of hours can be 0 but cannot exceed 4000. Keep in mind that a whole number must be used.	

Examples of practice hours completed outside of employment may include pro bono work or volunteer work where you are still using the title of OT and are adhering to all of the requirements in the <u>Standards of Practice</u> and <u>Code of Ethics</u>.

ii. <u>Recording practice hours by employer</u>

Indicate the number of practice hours for the past registration year (Mar 1 – Feb 28/29) for each employer that is listed on your profile page. If you are renewing prior to Feb 28/29 (which is strongly encouraged), you can estimate the number of hours you expect to work until the end of February. If you have a private practice, include the total of all hours worked within your practice (no need to list by contract).

<u>TIP</u>: Practice hours include <u>hours worked only</u>. Vacation time, statutory holidays and leave of absences are excluded. A rounded estimate of worked hours suffices. Precision in reporting practice hours is most important for people who are working casual or in small FTE and need to ensure they have the required number of hours for maintaining currency.

The total number of practice hours you have indicated will be viewable along with your hours for the previous four years. Please note the criteria for the minimum number of practice hours to maintain currency, as per the *Occupational Therapists Profession Regulation*, are also listed in this section.

Practice hours



The following is your calculated total practice hours for this registration year including hours for all of your employment and any qualifying hours outside of your employment.

You are required to meet at least one of the following criteria:

- · 400 practice hours in the past year
- 800 practice hours in the past two years
- 1200 practice hours in the past three years
- 1550 practice hours in the past five years



d. Finalizing the profile update and proceeding to Step 2

If you have any changes to your specializations or are registered in any other jurisdiction you can update in the corresponding section of the profile page. The only specialization ACOT requires that you report is whether you are certified and maintaining continuing competence in the provision of acupuncture.

SPECIALIZATIONS
Below are a list of specializations granted to you. If you wish to add an additional specialization, -please click the checkbox and provide the required information.
No specialization records exist.
Acupuncture Roster
OTHER JURISDICTIONS
Your other jurisdictions are listed below where you are currently or were previously registered/licensed to practice occupational therapy or any other health profession.
No other jurisdiction records exist.
Add Click here to add additional Jurisdiction
Next Withdraw

When you have completed all the required sections of the Profile Update you can click on the Next button. If any sections are incomplete, they will be flagged for you to complete prior to proceeding to Step 2.

3. Step 2 & 3 – Completing and Initiating Continuing Competence Program (CCP) Components

If all sections of the profile update are complete, you will be taken to Step 2.

If you haven't yet initiated your 2019-2020 CCP components you will be cued to initiate your Self-Assessment. When you select CLICK HERE, you will be taken automatically to the 2019-2020 Self-Assessment Tool and from there to the Action Plan.

Ø	2	3	4
Profile Update	2019/2020 - Learning Plan	2020/2021 - Learning Plan	2020/2021 - Renewa
2019/2020 CONTINUIN	IG COMPETENCE PROGRAM		
2013/2020 CONTINUE			
 Your session may time Provide complete and a 	out but your progress will be saved as long a accurate information	as you click the "Submit" or "Save for later"	button
 Mandatory fields are m 	arked with a red asterisk *		
 You may use the Save Click here for ACOT's la 	for later" button if you do not want to submit a test CCP guide	a completed form yet	
ACTION PLAN			

If you have already initiated your CCP, you will be taken directly to the Action Plan for completion and/or finalization. Once you have reviewed and completed all the components of the current year's CCP, you will click on the Next button at the bottom of the Action Plan page. You can also click the "Save for later" button and continue the renewal process at a later time/date. Even if you do click the Next button, you can still edit if you have forgotten to enter information.

NOTE: During renewal, you will click on the "Next" button to submit your finalized components - outside of the renewal period it is the "Submit" button.

If you click the Next button, you will be taken to Step 3 where you will be cued to complete your Self-Assessment for the upcoming year.



At this point, you are only required to complete the Self-Assessment Tool and the initial section of the Action Plan (initial reflections on the areas of focus you have selected, goal statement(s) and learning activity selection).

<u>TIP</u>: For more detailed information on how to complete the CCP components, please refer to the "Continuing Competence Program (CCP): Step-by-Step guide to completing the required CCP components in the updated online platform" which can be found in the News & Resources tab of the ACOT website (or you can also access the guide from the fifth bullet in the header of the Action Plan - circled in the screenshot above).

<u>NOTE</u>: Even if you have clicked the Next button in Steps 2 or 3, you can still make changes right up to the point of submitting your payment by clicking on the Update (may also say "View").



4. Step 4 – Declarations and Annual Fee Payment

a. Review of required declarations

GOOD STANDING DECLARATIONS

You are required to review and respond to the following two sections of declarations before pressing the Submit button and proceeding to the payment page.

Are you currently undergoing an investigation or subject to an unprofessional conduct process; or have you been previously disciplined by another regulatory body responsible for the regulation of occupational therapists or any other profession?	★)Yes)No
Have you ever pleaded guilty or been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside of Canada for which you have not been pardoned?	*○ Yes ○ No
Have you ever been found guilty of unprofessional conduct in any profession or jurisdiction?	★○ Yes ○ No
Have you ever had conditions imposed on your practice permit in any profession or jurisdiction?	★○ Yes ○ No
Have you ever had a judgment against you in a civil action with respect to your practice?	* Yes 🔿 No

DECLARATIONS

Renewal declaration
The information given by me in this renewal is true and complete to the best of my knowledge.
* I acknowledge and accept the above declaration
Standards declaration
I agree to abide by the Alberta College of Occupational Therapists' Code of Ethics and Standards of Practice.
Insurance declaration
I declare I am in possession of valid professional liability insurance for the practice of occupational therapy in Alberta that affords me no less than five million dollars of professional liability insurance coverage.
* I acknowledge and accept the above declaration
WARNING: Please make sure that all information entered is accurate before your final submission.

Submit Withdraw

i. Notes on professional liability insurance

The *Health Professions Act* requires all registered Occupational Therapists to hold professional liability insurance. This protects a therapist's personal assets against lawsuits and defense costs and ensures clients who have suffered damages can be compensated. Employer-provided policies typically cover the employee solely for the professional services rendered for that employer. If you provide Occupational Therapy services outside of your primary place of employment (e.g. provide professional services on a voluntary basis, as a private practitioner, or for other employers), the employer's policy will not protect you. The College recommends all registered Occupational Therapists obtain their own professional liability insurance, independent of any employer coverage. Regulated members are required to ensure liability insurance protection on all professional activities meet the College requirements.

The College does not endorse one provider or carrier over another. Professional liability insurance may be purchased through SAOT, CAOT or any independent insurance broker.

b. Payment of registration fees

Once you have completed the declaration page and pressed Submit, you will be taken to the invoice page. If paying by cheque, click the Close button; if paying by credit card, click the Pay button.

Description Image: Comparison of the sector of the sec		Total
General Register Renewal		Total
-		
		\$550.00
Su	Subtotal	\$550.00
G	GST	\$0.00
ps	PST	\$0.00
Тс	otal due	\$550.00

Clicking Close will bring you back to the home page which will indicate that your submission is complete but not paid. Your invoice will show as being due until your cheque has been received and processed.

Ø					—(4	
Profile Update Approved: 20-Dec-2019 8:26 PM View	2019/2020 - Learning Plan Complete: 20-Dec-2019 8:26 PM View	2020/2021 - Learning Update	Plan	Approve	2020/2021 ed (not paid): View		
Active Permit		🌡 My self assessme	ents				
General	🛓 Permit Tax receipt	Date	\$	Status		;	¢
ffective	Expires	2020/2021		Submittee	ł		>
)1-Mar-2019	29-Feb-2020	2019/2020		Submitte	ł		>
		2018/2019		Submittee	Н		>
		2016/2017		Submittee	ł		>
		2015/2016		Submittee	ł		>
						1	2
		🚍 My invoices				Inclu	ude paid
		Date 🔻	Total	\$	Due	\$	
		20-Dec-2019	\$550.	00	\$550.00		>

<u>NOTE</u>: If you are paying by cheque, you must ensure that it arrives and is processed prior to the end of the registration year otherwise your renewal will be considered incomplete and your registration will be cancelled.

If you are paying by credit card, you will enter the required information into the secure payment site (Moneris).

Mandatory fields marked by *	
Payment Details	
Transaction Amount: \$550.00 (CAD)	
Order ID: mhp19353223211p10	
Please complete the following details exactly as they appear on your card. Do not put spaces or hyphens in the card number.	
Cardholder Name*:	by VISA™
Card Number*:	
Expiry Date (MMYY)*:	ID Check
Click 'Process Transaction' to charge your card. Only click the button once. I 'Back','Refresh' or 'Cancel' button after you press the 'Process Transaction' b transaction from being processed and may result in a double charge.	
Process Transaction Cancel	Transaction

c. Printing of Permits

ACOT will no longer be printing and mailing your Practice Permit. It will be up to each registrant to print their own copy(ies) and display and/or provide them to their employer as per the *Health Professions Act*.

6. Cancelling Your Registration

Any registrants planning to let their registration lapse at the end of the registration year are required to enter into the member portal and formally cancel their registration. This will ensure that the registrant has an up-to-date report of practice hours and a complete and finalized CCP submission. It will also stop the automatic notification of cancelled registration going to your last known employer.

To cancel your registration for the upcoming year, click on the Renew button in the Cancelled section

ACOT Member Port	al				? 🐔	1 💿 🙁	Hi,
🖌 Home	A Home						
My registration	🔁 Complete Your Renewal	👃 My self as	ssessments				
My documents	General	Renew	\$	Status		¢	;
My groups		2019/2020		Require	d		
My learning	Cancelled	Renew 2018/2019		Submitte	ed		>
My profile	= Active Permit	2016/2017		Submitte	ed		>
Powered by Alinity		2015/2016		Submitte	ed		>
	General Permit Effective Expires	Tax receipt 2014/2015		Submitte	ed		>
	01-Mar-2019 29-Feb-2020	🚍 My invoic	tes			Inclu	ide pai
		Date	▼ Total	\$	Due	\$	
		0 invoice(s)					
		Announce	ements (0)				
			No an	nouncemen	its		
ou will then	be cued to:						
	Ø	2			-3		
Profi	le Update 2019/202	20 - Learning Plan	2020/	2021 - F	Renewal	- Cance	llatio

1. Update your profile where you will enter your practice hours both within and outside of employment and indicate your employment end-date;

2. Complete and finalize your CCP for the past year; and,

3. Indicate your reason for not renewing and complete the required declarations (good standing declarations still required as they are for the past year).

CHANGE REASON	
If you did not intend to cancel your registration, please with renewal option.	draw this renewal using the "Withdraw" button below and select the non-cancelled
* Cancellation reason Retiring Moving Maternity leave Health reasons	Return date (if applicable)
Other	

GOOD STANDING DECLARATIONS

Are you currently undergoing an investigation or subject to an unprofessional conduct process; or have you been previously disciplined by another regulatory body responsible for the regulation of occupational therapists or any other profession?	* 🔿 Yes 🔵 No
Have you ever pleaded guilty or been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside of Canada for which you have not been pardoned?	* 🔿 Yes 🔵 No
Have you ever been found guilty of unprofessional conduct in any profession or jurisdiction?	* 🔿 Yes 🔵 No
Have you ever had conditions imposed on your practice permit in any profession or jurisdiction?	* 🔿 Yes 🔵 No
Have you ever had a judgment against you in a civil action with respect to your practice?	* 🔿 Yes 🔵 No

DECLARATIONS

Cancellation declaration	
The information given by me in this renewal is true and complete to the best of my knowledge.	
WARNING: Please make sure that all information entered is accurate before your final submission.	
	Submit Withdraw

When you Submit your cancellation, you will get this generic notice relating to renewal and payment:



At this point, the ACOT office is notified of your request to cancel and you will be notified once your cancellation has been approved.

If you still have any questions about how to complete your registration renewal, or have feedback on any of the content with in this document feel free to call (780.436.8381) or email (<u>info@acot.ca</u>).