

LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION FORM

PART I: AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, having reviewed the application information regarding the
(Name of Applicant)
Labour Mobility Support Agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of
_____. I hereby authorize the
(Province)

(Name & address of Occupational Therapy Regulatory Organization – current certifying authority)
to answer the following questions on my registration status for the completion of the Labour Mobility Support Agreement Confirmation Form (below) and forward to Alberta College of Occupational Therapists.

- I give permission for the current certifying authority (regulatory organization) to provide the receiving regulatory organization:
 - a copy of my occupational therapy degree and/or university transcript or other accepted evidence **OR** a copy of ACOTRO SEAS Disposition Report
 - a copy of confirmation of successful completion of the required examination
 - a copy of regulatory history forms on file
 - a copy of any formal language tests that have been collected.
- I acknowledge that I need to arrange for the current certifying authority to complete the Regulatory History Form of the receiving regulatory organization as a separate process from the Labour Mobility Support Agreement Confirmation Form. (See #2 below for further details.)

While in the current jurisdiction I was registered for these dates:

under the name(s) _____

My registration number was _____ Date of Birth ____/____/____
(month/day/year)

Current contact information: Phone _____ E-mail _____

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

***NOTE**

- 1) You need to provide the current certifying authority (“regulatory organization”) with the fee it requires to complete the LMSA Confirmation Form on your behalf. These fees can be confirmed on their website or by contacting them directly.
- 2) You must also make arrangements to have the regulatory organization complete a current regulatory history form if required by the receiving regulatory organization. The LMSA confirmation form only permits the sharing of information on file with the regulatory organization collected at the time of your application with the current certifying authority (regulatory organization).
- 3) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the current certifying authority (regulatory organization).
- 4) If the current certifying authority (regulatory organization) does not have documents in your file, you may be asked by the receiving regulatory organization to produce them so that the file created by the receiving regulatory organization is complete. If you are eligible to transfer under the Agreement of Internal Trade / Labour Mobility Support Agreement (LMSA), this does not affect your ability to do so; no additional reassessment will occur.
- 5) The Labour Mobility Support Agreement can be found at (insert the link to the document on regulator website)

[Page 2 is completed by current certifying authority (regulatory organization)]

Part II: LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION

APPLICANT'S NAME: _____ CURRENT CERTIFYING AUTHORITY _____

1.0 CURRENT REGISTRATION

- 1.1 Current category of registration? _____
1.2 There are restrictions or conditions on the registration? _____ Yes (go to 1.3) _____ No (go to 2.0)
1.3 Conditions or restrictions? _____

2.0 PRACTICE IN CURRENT JURISDICTION

- 2.1 This individual has practised in our jurisdiction? _____ Yes (go to 3.0) _____ No (go 3.0)
_____ Unsure (go to 3.0)

3.0 LABOUR MOBILITY SUPPORT AGREEMENT TRANSFER HISTORY

- 3.1 This individual transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement?
_____ Yes (go to 3.2) _____ No (go to 4.0)
3.2 Details of transfer (regulatory organization(s), dates).

4.0 EDUCATION

- 4.1 Education equivalence established through ACOTRO SEAS. _____ Yes (go to 5.0) _____ No (go to 4.2) or
education equivalence established through OEQ Equivalence Recognition _____ Yes (go to 5.0) _____ No (go
to 4.2)
4.2 This individual met education requirements? _____ Yes (go to 4.4) _____ No (go to 4.3)
4.3 Reason education requirements not met: _____
4.4 Specify name of degree, educational institution, date of degree.
4.5 Transcript attached. _____ Yes (go to 4.7) _____ No (go to 4.6)
4.6 Reason degree or university transcript not attached: _____
4.7 Credentialing report attached _____ Yes (go to 5.0) _____ No (go to 4.8) _____ N/A for candidate
4.8 Reason credentialing report not attached: _____

5.0 EXAMINATION

Check the information that best describes this individual's examination profile:

- [] Completion of the National OT Certification Examination (NOTCE) is not a registration requirement.
[] Completion of the NOTCE was not a registration requirement for this individual. Provide reasons:
[] This individual successfully completed the required examination in (Year) _____.
Documentation confirming this is attached. _____ Yes (go to 6.0) _____ No (provide reasons)
If no supporting documentation, provide reasons:
[] This individual is scheduled to write the NOTCE on _____.
Documentation confirming this is attached. _____ Yes (go to 6.0) _____ No (provide reasons)
If no supporting documentation, provide reasons:
[] This individual has previously written, and has been unsuccessful in passing, the NOTCE.
List all known attempts: _____

6.0 REGULATORY HISTORY

- 6.1 Historical regulatory confirmations are provided with this LMSA Confirmation Form:
_____ Yes _____ Not Applicable to this individual _____ Exist but Not Available (proceed to 6.2)
6.2 Historical regulatory confirmations exist but are not available for the following reasons:

7.0 LANGUAGE PROFICIENCY

- 7.1 Language proficiency confirmation was a requirement for this person: _____ Yes (go to 7.2 & 7.3)
_____ No (go to Disposition)
7.2 Language Proficiency was confirmed in: _____ English _____ French
7.3 Formal language testing results are attached? _____ Yes _____ Not relevant for this individual.

DISPOSITION: This individual is eligible to transfer from our jurisdiction under the Labour Mobility Support Agreement. The receiving certifying authority will determine if it can register this individual in an equivalent category and / or if additional terms as per S 4.3.2 of the ACOTRO LMSA are needed.

The following documents are enclosed; official signature and/or seal indicate true copies of document on file.

- o a copy of occupational therapy degree and/or university transcript or other formal proof OR
o a copy of ACOTRO SEAS Disposition Report / or OEQ Equivalency Recognition Report
o a copy of confirmation of successful completion of the required examination
o a copy of regulatory history forms on file
o a copy of any formal language tests that have been collected.

Affix
Seal

Name of Registrar or Designate (Please Print)
(Signature of Registrar or Designate)
(Date)