



## Regulatory History

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?  
*If yes, state dates of registration*

Yes  
 No  
 Current

2. Are there/were there any conditions/restrictions to his/her license to practice occupational therapy?  
*If yes, please describe*

Yes  
 No

3. Has this person been the subject of any disciplinary action by your organization?  
*If yes, please describe the findings and the penalty*

Yes  
 No

4. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time?  
*If yes, please explain*

Yes  
 No

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Registrar or Designate*

\_\_\_\_\_

*Name of Regulatory Board (please affix seal)*