

This application form is for applicants for registration with the Alberta College of Occupational Therapists (ACOT). Applicants will include those who are recent Canadian graduates, internationally educated graduates, occupational therapists transferring from another jurisdiction, and occupational therapists who wish to reinstate with the College following de-registration.

In order to practice occupational therapy in Alberta, occupational therapists must have a current practice permit with the Alberta College of Occupational Therapists.

This application is for registration on either the General Register or the Provisional Register of the College.

Application guide

Information requirements on the application form include data that will be used to populate the Occupational Therapist Database (OTDB) of the Canadian Institute for Health Information (CIHI). Full disclosure of all requested information is required.

The information collected will be disclosed only in accordance with the Health Professions Act and the Occupational Therapists Profession Regulation. Concerns about the collection of information may be directed to the College Registrar.

1. Personal information

Name

The surname and given name(s) you provide on the application for renewal form will be the name used on the Register and must be the name you use in professional practice.

Contact information

The contact information provided will be used for all correspondence from the College.

Language of occupational therapy instruction

Applicants who have obtained their education in a language of instruction other than English may be required to demonstrate English language proficiency.

2. Education in occupational therapy

Use the codes provided to indicate the level of academic qualification(s) you have received. An official transcript from each educational institution is required before registration can be finalized.

If you are a recent graduate, you will need to arrange for your University to send a copy of your Confirmation of Entitlement to the College. To register to the General Permit Register, applicants must arrange to have official transcripts sent to the College.

The College reviews credentials of graduates from outside of Canada to determine substantial equivalency. Descriptions of course content and confirmation of clinical hours must be submitted for the review process. All documents must be presented to the College in English.

3. Education other than occupational therapy

Use the codes provided to indicate the level of academic qualification(s) you have received. The College does not require official transcripts for education in other fields of study.

4. National Certification exam

Registration on the General Register requires successful completion of the Canadian Association of Occupational Therapists (CAOT) National Certification Exam.

Applicants to the Provisional Register must arrange for a copy of their Statement of Candidacy to be sent from CAOT to the College. Applicants must then register with CAOT to sit the first available examination. It is the applicant's responsibility to meet CAOT application deadlines. Once the CAOT

exam is written, a copy of the Performance Profile, including results of basic knowledge and professional practice, must be submitted to the College in order to proceed to registration.

5. Acupuncture Roster

You are required to submit proof of successful completion of an approved acupuncture program in order to register on the Acupuncture Roster.

6. Hours of professional practice

Practice hours are the sum of employment and volunteer hours spent in the practice of occupational therapy. In practice, occupational therapists do one or more of the following (*Health Professions Act, RSA 2000 cH-7 Sched.15(3)*):

- (a) in collaboration with their clients, develop and implement programs to meet everyday needs in self care leisure and productivity,
- (b) assess, analyze, modify and adapt the activities in which their clients engage to optimize health and functional independence,
- (c) interact with individuals and groups as clinicians, consultants, researchers, educators and administrators, and
- (d) provide restricted activities authorized by the regulations.

Practice hours can be paid or unpaid and can include employment activities: direct service hours, planning and development hours and administrative hours; and volunteer hours directly relevant to the practice of occupational therapy. Practice hours do not include paid hours for time periods when service was not provided such as vacations or sick/personal leaves.

All practice hours reported to the College must fall within the description of practice (*HPA Sched.15(3)*) and all practice hours must be carried out in compliance with the College Standards of Practice and Code of Ethics. Occupational therapists are responsible for documenting their compliance with the Standards of Practice.

Practice hours are calculated from February 1 to January 31 each year.

The *Occupational Therapists Profession Regulation, AR 217/2006 s3*, defines that an applicant for registration on the General Register must have been engaged in the practice of occupational therapy for not fewer than

(i) 400 hours within the year immediately preceding the date the application is received by the Registrar

(ii) 800 hours within the 2 years immediately preceding the date the application is received by the Registrar

(iii) 1200 hours within the 3 years immediately preceding the date the application is received by the Registrar, or

(iv) 1550 hours within the 5 years immediately preceding the date the application is received by the Registrar.

Occupational therapists registering in Alberta from another Canadian provincial jurisdiction will be reviewed under the Labour Mobility Support Agreement where an occupational therapist must have 600 practice hours in the 3 years preceding their application for registration in a new jurisdiction.

7. Employment profile

If at any time throughout the year your employment information changes, you are obligated to inform the College of that change.

7.1 Primary Employment

Primary employment is the employment, either with an employer or in a self-employed arrangement, associated with the highest number of usual weekly hours worked.

Postal code reflects site of practice - This data helps identify OT's who typically work at multiple sites within the community, potentially some distance from an employer's/business office location. If you select 'No', this means that the employer's/business office is different from the location where you deliver service.

Supervisor Name - Occupational therapists applying to the Provisional Permit Register **or** therapists applying to the General Register who may have conditions placed on their permit, must provide the name of their supervisor.

7.2 Second Employment

If applicable, should be completed in the same manner as section 7.1.

7.3 Third Employment

If applicable, should be completed in the same manner as section 7.1.

7.4 Employment category

Indicate only one employment category for each employment.

- 10 Permanent – Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.
- 20 Temporary – Status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.
- 30 Casual – Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.
- 40 Self-employed – A person who engages independently in the profession, operating his or her own economic enterprise.

7.5 Weekly hours of work

Data on workforce trends is a key component to occupational therapist human resource planning.

7.6 Employment position

Indicate the code that best identifies your employment position.

- 10 Manager – Major role is in management.
- 20 Professional Leader/Coordinator – Direct service provider with a leadership role in the professional practice within an employment setting.
- 30 Direct Service Provider – Major role is in the direct delivery of occupational therapy services, including case management and/or consultation.
- 40 Educator – Major role is as an educator for a particular target group.
- 50 Researcher – Major role is in knowledge development and dissemination of research.

- 60 Other – Position that is not otherwise identified.

7.7 Employment type

Indicate the code that best identifies your employment type.

- 10 General Hospital – a health care facility that offers a range of inpatient and outpatient health care services (for example, medical, surgical, psychiatry etc.) available to the target population. Includes specialty hospitals not otherwise classified.
- 20 Rehabilitation Hospital/Facility – Health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.
- 30 Mental Health Hospital/Facility – health care facility that has as its primary focus the acute or post-acute, inpatient and/or outpatient, care of individuals with mental health issues and illness.
- 40 Residential Care Facility – Refers to a licensed or regulated health facility that provides 24-hour skilled or immediate nursing care (that is, qualified nurses are on-site and available to respond immediately, if required). Includes long-term care facilities, nursing homes, special care homes, homes for the aged.
- 50 Assisted Living Residence – Refers to a non-institutional community setting that integrates a shared living environment with varying degrees of supportive services of the following types: supervision, housekeeping, personal care meal service, transportation, social and recreational opportunities, etc. May have limited medical/nursing services available. Includes group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.
- 60 Community Health Centre – A community-based organization that may be the first-point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services, including occupational therapy.
- 70 Home Care – A community-based agency or group professional practice/business focused on delivering health services, including occupational therapy, in the client's environment such as the home or workplace.

- 80 Group Professional Practice/Clinic – A community-based group professional practice/business or clinic organized around the delivery of primarily onsite health services, including occupational therapy, by a group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved; however, the health professionals are the focus of service provision.
- 90 Solo Professional Practice/Business – A community-based professional practice/business organized around the delivery of occupational therapy health services, by a single professional. Support staff may also be involved; however, the health professional is the focus of service provision.
- 100 Post-Secondary Education Institution - A post-secondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of education.
- 110 School or School Board – A primary, elementary or secondary school (or equivalent institution), the associated school board (or equivalent entity) that has responsibility for the governance and management of education funding issued by provincial governments.
- 120 Association/Government/Para-Government – An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.
- 130 Industry/Manufacturing/Commercial – A business/industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development, or commercial activity outside of the healthcare system entirely.
- 140 Other – Employment type not otherwise described.

7.8 Area of practice

Indicate the code that best identifies the major focus of your practice activities.

Direct Service – Physical Health

- 20 Neurological – Services provided to clients with a variety of neurological health issues
- 30 Musculoskeletal – Services provided to clients with a variety of musculoskeletal health issues

- 40 Cardiovascular and Respiratory – Services provided to clients with a variety of cardiovascular and/or respiratory health issues
- 50 Digestive/Metabolic/Endocrine – Services provided to clients with a variety of digestive, metabolic and /or endocrine related health issues
- 60 General Physical Health – Services provided to clients with a variety of general physical health issues

Additional Areas of Direct Service

- 10 Mental Health – Services provided to clients with a variety of mental health issues that require interventions.
- 70 Vocational Rehabilitation – Services provided with the purpose of enabling clients to participate in productive occupation(s).
- 80 Palliative Care - Services provided to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.
- 90 Health Promotion and Wellness - Services provided with the purpose of improving the health of clients through functions of health promotion, health protection, health surveillance, and population health assessment.
- 100 Other Areas of Direct Service Provision - Area of direct service not otherwise identified.

Areas of Client Management

- 120 Client Service Management – Focus of activities is the management of client services across the health care continuum, specifically the coordination of multiple services as required for client care.
- 130 Medical/Legal Related - Focus of activities is expert guidance on occupational therapy related medical and/or legal issues associated with client care.

Education

- 140 Teaching - Focus of activities is directed at providing postsecondary teaching to individuals registered in formal education programs.

Research

- 150 Research - Focus of activities is in knowledge development and dissemination of research.

Administration

- 110 Service Administration – Focus of activities is on the management of services, or the development of policy and/or programs.

Other Area of Practice

- 160 Area of practice not otherwise described.

7.9 Client Age Range

Indicate only one client age range for each employment. Select 'Other' if your practice is equally distributed across several age ranges.

7.10 Funding Source

Use only one of the codes provided to best indicate the majority of the funding for your service.

- 10 Public/Government – The public sector is the main source of funding for employed activities.
- 20 Private Sector/Individual Client – A private sector entity or an individual client is the primary source of funding for employed activities.
- 30 Public/Private Mix – Funding for employed activities is derived from a mixture of public and private sources.
- 40 Other Funding Source – Funding source not otherwise described.

8. Professional registration in occupational therapy

You are required to provide details of all registrations/licenses in occupational therapy that you may hold or have held in other jurisdictions. A regulatory history must be completed by the regulatory body from each jurisdiction where you hold or have held registrations/licenses. This is necessary to verify licensure in that province/state and verify whether or not you have been the subject of a disciplinary action.

It is the applicant's responsibility to complete one Regulatory History form for each jurisdiction and forward to the appropriate regulatory body for completion. Each regulatory body should submit the completed form directly to the College. The registration process cannot be completed until all form(s) have been received.

If you are transferring from another provincial jurisdiction, the Labour Mobility Support Agreement (LMSA) requires that the originating jurisdiction must complete a confirmation form in addition to completing the regulatory history.

9. Professional registration in other professions

You are required to provide details of all other professional registrations/licenses that you may hold or have held. Completion of Regulatory History forms are not required for professional registrations in professions other than occupational therapy.

10. Declaration

Professional liability insurance

College requirements specify that all regulated occupational therapists 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. If you provide occupational therapy services outside your primary place of employment (for example, provide professional services on a voluntary basis as a private practitioner or for another employer) the employer's group policy may not protect you.

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 for registration.

11. Fees

Application Fee

The registration application fee is \$150 and must be submitted with your application. A reinstatement application to the College following de-registration is considered a new application and the application fee applies. The application fee is not refundable.

General and Provisional Register permit fees

The College registration year is from March 1 to February 28/29 each year. For new registrants, permit fees are prorated on a quarterly basis dependent on when you begin practice. Fees must be paid in full.

for a permit starting:	fee for 2018-2019 registration year \$Cdn
on or after March 1	550.00
on or after June 1	412.50
on or after September 1	275.00
on or after December 1	137.50

Method of payment

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 or ACOT. All payments are required in Canadian funds. A fee of \$25 is charged for cheques not honoured due to insufficient funds.

Mail your application to:
Alberta College of Occupational Therapists
312, 8925 – 51 Avenue
Edmonton, AB
T6E 5J3

or fax to: 780.434.0658

12. Processing time

The College normally processes applications for registration within ten working days after receiving the completed application form, all required documentation and the required fees.

Applications received from outside of Canada require additional processing time and it is advisable to allow 6-8 weeks for processing from the time the College receives all documents and fees.

If you have questions regarding your application or the requirements for supporting documents, contact the College at

T: 780.436.8381

T: 1.800.561.5429 (toll free in Alberta)

E: registration@acot.ca

Further information is also available on the College website at **www.acot.ca**.

All required documents and fees must be received before the registration process can be completed.	
Checklist of requirements	Guide Ref
New Application fee	11
Permit fee	11
National Certification Exam CAOT Statement of Candidacy or CAOT Performance Profile of exam results	4
Education confirmation Confirmation of entitlement to graduate or Official transcripts from post secondary education institution	2
Additional requirements MAY be applicable: Course calendar or program syllabus/outline offering a course-by-course description is required to facilitate the evaluation of academic qualifications	2
Documentation of language fluency	1
Regulatory History form	8
Labour Mobility Support Agreement confirmation form	8

1. Personal information

Surname	Given Name(s)		
Previous Name(s):			
Current Address (Street Apt No.)	City	Province	
Postal Code	Country		
Telephone:	Fax:		
Email:			
Date of Birth (MM/DD/YYYY)	Gender to which you identify: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Language Proficiency(s): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	Language of occupational therapy instruction		

2. Education in occupational therapy

<input type="checkbox"/> <input type="checkbox"/>	University	Prov/State/Country	Year of Graduation
<input type="checkbox"/> <input type="checkbox"/>	University	Prov/State/Country	Year of Graduation
<input type="checkbox"/> <input type="checkbox"/>	University	Prov/State/Country	Year of Graduation

10 Diploma **20** Baccalaureate **31** Professional Master's **32** Research Master's **40** Doctorate

3. Education other than occupational therapy

<input type="checkbox"/> <input type="checkbox"/>	University	Field of Study	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prov/Country	Year of Graduation
<input type="checkbox"/> <input type="checkbox"/>	University	Field of Study	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prov/Country	Year of Graduation
<input type="checkbox"/> <input type="checkbox"/>	University	Field of Study	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prov/Country	Year of Graduation

Education Award

10 Diploma **20** Baccalaureate **30** Master's **40** Doctorate

Fields of Study

010 General Rehabilitation Science	060 Gerontology	110 Education
020 Health Administration/Management	070 Psychology	120 Law
030 Public Administration	080 Health Professions and Related Clinical Sciences	130 Business, Management, Marketing and Related
040 Public Health	090 Biological, Biomedical Sciences and Physical Sciences	140 Other Field of Study
050 Kinesiology and Exercise Science	100 Social Sciences, Arts and Humanities	

4. National Certification Exam (CAOT)

Have you successfully completed the CAOT Certification Exam? ☐ Yes ☐ No

If Yes, what was the date of examination (MM/DD/YYYY)

If No, indicate date you are registered to write the CAOT Certification Examination (MM/DD/YYYY)

5. Acupuncture Roster

Occupational therapists with additional approved postgraduate training are eligible to use acupuncture in their practice.

☐ I have submitted proof of completion of an approved training program and request to be registered on the Acupuncture Roster

6. Hours of professional practice

- ☐ I am eligible to graduate
- ☐ I graduated within the past 24 months
- ☐ I completed an approved re-entry program in the past 24 months

OR Hours engaged in professional activities

From

February 1, 2013 to January 31, 2014

February 1, 2014 to January 31, 2015

February 1, 2015 to January 31, 2016

February 1, 2016 to January 31, 2017

February 1, 2017 to January 31, 2018

7. Employment profile

At the time of registration

- I have obtained a position as an occupational therapist in Alberta. ☐ Yes ☐ No
- I am employed in occupational therapy but not working as a result of a leave. ☐ Yes ☐ No
- I am not currently employed and am seeking employment in occupational therapy. ☐ Yes ☐ No
- I am not currently employed and am not seeking employment in occupational therapy. ☐ Yes ☐ No

If you have employment in Alberta, continue to complete section 7; if you have not yet secured employment, proceed to section 8.

7.1 Primary Employment

Start Date (DD/MM/YYYY) _____ Worksite or Facility Name _____

Worksite Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Postal Code reflects site of practice ☐ Yes ☐ No

Supervisor Name (if applicable) _____ Email _____

7.2 Second Employment

Start Date (DD/MM/YYYY) _____ Worksite or Facility Name _____

Worksite Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Postal Code reflects site of practice ☐ Yes ☐ No

Supervisor Name (if applicable) _____

7.3 Third Employment

Start Date (DD/MM/YYYY) _____ Worksite or Facility Name _____

Worksite Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Postal Code reflects site of practice ☐ Yes ☐ No

Supervisor Name (if applicable) _____

7.4 Employment Category

Primary Employment ☐☐ Second Employment ☐☐ Third Employment ☐☐

10 Permanent **20** Temporary **30** Casual **40** Self-Employed

7.5 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

7.6 Employment Position

 Primary Employment

 Secondary Employment

 Third Employment

 10 Manager
 20 Professional Leader/Coordinator

 30 Direct Service Provider
 40 Educator

 50 Researcher
 60 Other

7.7 Employment Type

 Primary Employment

 Secondary Employment

 Third Employment

 10 General Hospital
 20 Rehabilitation Hospital/Facility
 30 Mental Health Hospital/Facility
 40 Residential Care Facility
 50 Assisted Living Residence

 60 Community Health Centre
 70 Home Care
 80 Group Professional Practice/Clinic
 90 Solo Professional Practice/Clinic
 100 Post-Secondary Education Institution

 110 School or School Board
 120 Assoc./Government/Para-Government
 130 Industry/Manufacturing/Commercial
 140 Other

7.8 Area of Practice

 Primary Employment

 Secondary Employment

 Third Employment

Direct Service – Physical Health

 20 Neurological
 30 Musculoskeletal
 40 Cardiovascular & Respiratory
 50 Digestive/Metabolic/Endocrine
 60 General Physical Health

Additional Areas of Direct Service

 10 Mental Health
 70 Vocational Rehabilitation
 80 Palliative Care
 90 Health Promotion & Wellness
 100 Other Areas of Direct Service Provision

Areas of Client Management

 120 Client Service Management
 130 Medical/Legal Related

Administration

110 Service Administration

Education

140 Teaching

Research

150 Research

160 Other Areas of Practice

7.9 Client Age Range

 Primary Employment

 Secondary Employment

 Third Employment

 10 Preschool (0-4)
 20 School age (5-17)

 21 Mixed Paediatrics (0-17)
 30 Adults (18-64)

 40 Seniors (65+)
 41 Mixed Adults (18+)

 44 All Ages
 50 Other

7.10 Funding Source

 Primary Employment

 Secondary Employment

 Third Employment

10 Public/Government

20 Private Sector/Individual Client

30 Public/Private Mix

40 Other Funding Source

8. Professional registration in occupational therapy

Are you or have you ever been registered/licensed to practice as an occupational therapist in other provinces or countries?
 If yes, provide information for each registration or license.

☐ Yes ☐ No

Regulatory Body	Province or Country	License/Registration Number	Expiry Date(MM/DD/YYYY)

9. Professional registration in other professions

Are you or have you ever been registered/licensed to practice in another regulated profession in Alberta or elsewhere?
 If yes, provide information for each registration or license.

☐ Yes ☐ No

Regulatory Body	Province or Country	Expiry Date(MM/DD/YYYY)

10. Declaration

- ☐ I declare 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 agree to abide by the Alberta College of Occupational Therapists' Code of Ethics and Standards of Practice.

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 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 judgement against you in a civil action with respect to your practice?

☐ Yes ☐ No

The information given by me in this application is true and complete to the best of my knowledge

Signature _____

Date (MM/DD/YYYY) _____

11. Fees

Fee Type	Fee Amount(s)	Fee Owning
Application Fee	\$150.00 *	
Permit fee	Prorated based on start date of permit (see guide reference 11)	
Method of payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order		Total Fee

If paying by credit card:

Name on Card

Card Number: / / / Expiry Date (MM/YY): /

Signature: _____

Date (MM/DD/YYYY) _____

Mail application to: Alberta College of Occupational Therapists,
 312, 8925 – 51 Avenue,
 Edmonton, Alberta T6E 5J3

or fax to: 780.434.0658