



Change of Information

Please inform the College of change in mailing address, name, or employer by completing the form below.

1. Profile			
Name		Registration Number	
2. Address Changes			
Old Address		New Address	
Address		Address	
Postal Code	City/Province	Postal Code	City/Province
Telephone	Country	Telephone	Country
Cell Phone	Email	Cell Phone	Email
3. Name Changes (Proof of name changes must be provided)			
Name Change From		Name Change To	
4. Employment Changes			
4A. Primary Employment			
Start Date (DD/MM/YYYY)		Health Authority/Region Employer (if applicable)	
Worksite or Facility Name		Worksite Address	
City		Province	
Telephone		Postal Code	
Email		Supervisor Name (Provisional Register Applicants)	
4B. Secondary Employment			
Start Date (DD/MM/YYYY)		Health Authority/Region Employer (if applicable)	
Worksite or Facility Name		Worksite Address	
City		Province	
Telephone		Postal Code	
Email		Supervisor Name (Provisional Register Applicants)	
4C. Third Employment			
Start Date (DD/MM/YYYY)		Health Authority/Region Employer (if applicable)	
Worksite or Facility Name		Worksite Address	
City		Province	
Telephone		Postal Code	
Email		Supervisor Name (Provisional Register Applicants)	

Change of Information

4D. Employment Category (Indicate only one for each employment)			
Primary Employment <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/>	
10 Permanent	20 Temporary	30 Casual	40 Self-Employed
4E. Full/Part Time Status (Indicate only one for each employment)			
Primary Employment <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/>	
10 Full-Time	20 Part-Time		
4F. Employment Position (Indicate only one for each employment)			
Primary Employment <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/>	
10 Manager 20 Professional Leader/Coordinator	30 Direct Service Provider 40 Educator	50 Researcher 60 Other	
4G. Employment Type (Indicate only one for each employment)			
Primary Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 Visiting Agency/Business 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	
4H. Area of Practice			
Primary Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 Research 150 Research	Education 140 Teaching Administration 110 Service Administration 160 Other Areas of Practice
4I. Client Age Range			
Primary Employment <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/>	
10 Preschool age (0-4) 20 School age (5-17)	25 Mixed Pediatrics Age (0-17) 30 Adults (18- 65)	40 Geriatric (65+) 45 Mixed Adults Age (18+)	50 Other Client Age Range
4J. Funding Source			
Primary Employment <input type="checkbox"/> <input type="checkbox"/>	Secondary Employment <input type="checkbox"/> <input type="checkbox"/>	Third Employment <input type="checkbox"/> <input type="checkbox"/>	
11 Public/Government / Other	12 RHA	20 Private Sector/Individual Client	30 Public/Private Mix 40 Other Funding Source
5. Verification of Changes			
I hereby authorize that the changes made by me in this form are complete and correct to the best of my knowledge.			
Signature		Date	

Please return to Alberta College of Occupational Therapists by:

Email: registration@acot.ca;

Fax: (780) 434-0658; or

Mail: #312, 8925 - 51 Avenue, Edmonton, AB, T6E 5J3

