



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

Please return (by authorized College) to: registration@acot.ca

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)