



Regulatory History Form

NOTE: Page 1 - to be completed by applicant and email/fax to the regulatory organization the applicant is currently registered

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 *(insert the name of the regulatory organization where you are currently registered)*

to answer the following questions on my regulatory history.

Signature of applicant	Date
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Page 2 - to be completed by the regulatory organization where the applicant is currently registered

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 their 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 Organization
(please affix seal)