

UNDERTAKING AND AGREEMENT

HEARING OF THE HEARING TRIBUNAL OF THE COLLEGE OF OCCUPATIONAL THERAPISTS

Hearing into a complaint against:

Hearing Date:

I understand that the Hearing in the above noted matter will proceed virtually. I further understand that in accordance with s. 78 of the *Health Professions Act*, the Hearing is open to the public unless the Hearing Tribunal orders that some or all of the Hearing be in private.

To protect the integrity of these proceedings, I understand and agree not to record or rebroadcast in any manner the proceedings. I acknowledge that if I breach this undertaking and agreement, I may be prohibited from further participation in the proceedings.

Further, I understand that information received at this Hearing may contain personal and confidential information for the purpose of conducting the business of the Hearing. This information will be kept in strict confidence and will not be disclosed to any third party.

Print Name

Signature

Date

Status: Party/Witness/Observer

Email Address

Phone Number

