

### Authorization to Release Information

This section is to be **completed by the individual** seeking registration to practice as an occupational therapist in the province of Alberta.

First Name:		Last Name:	
Address:	City:	Province/State:	Postal Code:
Country:	Phone:	Email:	
Registration/License Number:			

I, \_\_\_\_\_ have made an application for registration with the Alberta College of Occupational  
(individual's name) Therapists (ACOT).

As part of the registration process, ° COT requires completion of a Regulatory History Form from each province/jurisdiction wherein I hold or have held a license or have been registered. I hereby consent to and authorize and direct \_\_\_\_\_, to provide any information requested by the  
(name of regulatory authority)

ACOT, at my expense. I understand this means providing full disclosure of all information you have including, but not limited to the following:

- Details about registration, membership, licensure, or licensure with any other regulatory authority inside or outside Alberta on file with your organization.
- Registration number(s), category of registration, and registration status.
- Details of any term, condition or limitation imposed on a certificate of registration/licence that is in effect, or outstanding.
- Details of any suspension and revocation, including the reason for the suspension or revocation.
- Findings/outcome of professional misconduct, unskilled practice/ incompetence.
- Limitations imposed due to incapacity/fitness to practice/health conditions, or similar issue.
- Details about any formal complaint or investigation where the outcome is anything other than a decision to take no action. This may include those that have yet to be resolved.
- Details about any acknowledgment and/or undertaking in effect (the act of acknowledging something or acknowledgment of a mistake and a commitment to do or not do something).
- Details about any other information regarding professional conduct on file that may be relevant to the application for registration as an occupational therapist in Alberta, including the following:
  - Compliance with registration requirements.
  - Compliance with quality assurance programs or continuing competence requirements.
  - Outstanding dues, or other unfulfilled obligations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Regulatory History Confirmation

This section is to be **completed by the regulatory authority** and returned to:  
 Alberta College of Occupational Therapists (ACOT)  
 info@acot.ca

If you have questions about information to be contained in this form, please contact ACOT directly at info@acot.ca or 780-436-8381.

General Information					
Name(s) on file:					
Previous name(s) on file:					
The individual was/is licensed to practice as: <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other, please specify: _____					
Other registration(s) known to the regulatory authority:					
Registration History					
Status	Category	Number	Start Date	Expiration Date	Notes
1. Terms, conditions, or limitations in effect, or outstanding on their licence or practice: <span style="float: right;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</span> If yes, please provide details:					
2. Has this individual ever had their registration suspended? <span style="float: right;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</span> If yes, please provide details:					
3. Has this individual ever had their registration cancelled? <span style="float: right;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</span> If yes, please provide details:					

Conduct & Concerns

4. Does this individual have any findings of professional misconduct or unskilled practice/incompetence?

Yes       No      If yes, please provide details:

5. Have there been limitations imposed on this individual's practice due to incapacity/fitness to practice/health conditions, or similar issue?      If yes, please provide details:

Yes       No

6. Has this individual ever been the subject of a formal regulatory complaint or investigation where the outcome was anything other than a decision to take no action?

Yes       No      If yes, please provide details:

7. Is this individual subject to any acknowledgement and undertaking (the act of acknowledging something or acknowledgement of a mistake and a commitment to do or not do something)?

Yes       No      If yes, please provide details:

8. Has the individual been compliant with all registration requirements, e.g., maintained practice hours, maintained professional liability insurance, etc.?

Yes       No      If no, please provide details:

9. Has there been any indication that the individual has not been compliant with your regulatory authority's quality assurance program or continuing competence requirements?

Yes       No      If Yes, please provide details:

10. Does this individual have any outstanding or other unfulfilled obligations to your regulatory authority?

Yes       No      If yes, please provide details:

780-436-8381

11. Is there any reason why this individual would not be entitled to be licensed or registered in your jurisdiction at the present time?

Yes       No

If yes, please explain:

12. Other information that may be relevant to the individual's suitability to be registered to practice occupational therapy:

Date: \_\_\_\_\_

Name of Registrar or Designate: \_\_\_\_\_

Signature of Registrar or Designate: \_\_\_\_\_

Name of Regulatory Authority: \_\_\_\_\_

Address of Regulatory Authority: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please submit the completed form to:**

The Alberta College of Occupational Therapists (ACOT) - [info@acot.ca](mailto:info@acot.ca)

If you have any questions about the information to be contained in this form, please contact ACOT directly at [info@acot.ca](mailto:info@acot.ca) or 780-436-8381.