



College of Occupational  
Therapists of Ontario

# ANNUAL REGISTRATION GUIDE 2010-2011

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All certificates of registration expire May 31st. Registrants renewing their certificates are encouraged to do so using online Annual Registration Renewal – [www.coto.org](http://www.coto.org) > **Registration** > **Annual Registration Renewal**. For successful completion of the annual registration renewal, all questions/sections of the form must be answered and the annual registration renewal fee paid by June 1st, 2010. Failure to renew your certificate by June 1st or to notify the College that you wish to cancel (not renew) your certificate will result in a late fee penalty. The College will then provide a written notification that the registrant will be suspended for non-payment of fees if they do not respond within 30 days.

**SECTION 1 – General Information**

- i) **Commonly Used First Name in Practice** – the name that you use in your professional practice. This is the name that will appear on the public register.
- ii) **Commonly Used Last Name in Practice** – the name that you use in your professional practice. This is the name that will appear on the public register.
- iii) **Legal First Name and Legal Last Name** – Your complete full legal name is required to be on file with the College but it does not necessarily have to be the name that you use in professional practice.
- iv) **Previous Legal First Name and Previous Legal Last Name** – if you are currently registered under a different name then the name that you had when you graduated from your OT entry degree, please provide this information to the College.

**Change of Name** - A request for a change in name must be sent, in writing, by separate letter and can be sent by email ([registration@coto.org](mailto:registration@coto.org)) or by fax (416.214.0851).

**Address:** As per College Bylaw, your home address is required for your file. The standard procedure for College mailings is to send to the home address on file. If you previously requested your mailing to be sent to your work address, please ensure we have your home address on file and that you select your preferred mailing address as Work.

**Preferred Email Address:** The College only maintains one email address for each registrant. The College frequently sends information via email communication and will send this to your address on file. To establish a password to access your online profile and other College resources, the College must have your email address on file and it should be a personal email address (i.e. not shared with another OT).

**Languages of Service:** Please indicate all language(s) in which you can competently provide OT services. The languages provided here will be included on the Public Register. Your name and work information may be provided to anyone who requests an OT with your specific language fluency.

**SECTION 2 – Not Renewing/Cancelling Registration**

If you will be working as an OT on June 1st you **MUST** renew your registration certificate. If you will not be working as an OT and will not be using the title of OT following **May 31, 2010** then you have the **option** to cancel your certificate and have your status changed to Inactive. An inactive status means that you are no longer a member of the College, your registration number becomes permanently null and void, and you can no longer use the title OT in Ontario.

A request to cancel your certificate can be made by completing this section of the form or by selecting this option using online Annual Registration Renewal. Please confirm your last date of OT employment and the reason you are resigning your certificate based on the options provided.

An email acknowledging your change in status will be sent to you in early June. Visit the College website [www.coto.org](http://www.coto.org) to review various FAQs about cancelling your certificate of registration.

**Please refer to Section 13:** Payment, for the College’s new refund policy with regard to cancelling your certificate of registration within the College’s first quarter of the fiscal year.

**Re-application in Future:** If you cancel your certificate and then wish to return to OT practice in the future, you will need to reapply to the College and meet all registration requirements at the time of application. For those applicants

who re-apply and meet all registration requirements, including currency, the re-registration process will involve completion of a Registration Application Form, payment of the re-instatement application fee (currently \$40.00 + applicable taxes), payment of the registration fee and the provision of any new information/documentation as required (e.g. professional liability insurance). If approved, a new certificate of registration will be issued to you.

### SECTION 3 – Currency Hours

Each year you are required to demonstrate that you continue to meet the current practice hours as set out in Regulation. Select the most appropriate option in the list that demonstrates how you meet the practice hours required. Worked hours include direct service hours, planning and development hours, and administrative hours usually recognized in standard workload measurement systems.

This question must be answered or your form will be returned to you.

If your worked hours do not meet the currency hour requirement, or if you are unsure if you have sufficient hours, please check the last box and provide a detailed account of your work history (e.g. dates and hours of work), and a review of your file will be completed. If you fall under this category, please contact the College prior to June 1st.

### SECTION 4 – Education Related To Your OT Professional Qualification

Provide full details of all new academic qualifications earned since last year's annual registration renewal. Only include information on completed degrees. You do not need to provide your entry level OT education information.

### SECTION 5 – Education Other Than Occupational Therapy

Provide the level of education, field of study, and full university details of all new academic qualifications earned since last year's annual registration renewal. Only include information on completed degrees.

### Descriptions for Education Degrees Other than OT

#### General Rehabilitation Science

Comprises of any program that includes a systematic study of the physical and psychosocial dimensions of human function throughout the lifespan of individuals with impairments, disabilities and/or handicaps.

#### Mathematics, Computer Information Sciences

Comprises of any general program that focuses on the analysis of quantities, magnitudes, forms and their relationships, using symbolic logic and language or any general program that focuses on computing, computer science and information science and systems as part of a broad and/or interdisciplinary program.

#### Medical Laboratory Science

Comprises of any program that prepares individuals to conduct and supervise complex medical tests, clinical trials and research experiments; manage clinical laboratories; and consult with physicians and clinical researchers on diagnoses, disease causation and spread, and research outcomes.

#### Health Administration/Management

Comprises of any program that prepares individuals to develop, plan, and manage health care operations and services within health care facilities and across health care systems.

#### Public Administration

Comprises of instructional programs that prepare individuals to analyse, manage and deliver public programs and services.

#### Kinesiology and Exercise Science

Comprises of any scientific program that focuses on the anatomy, physiology, biochemistry and biophysics of human movement, and applications to exercise and therapeutic rehabilitation.

#### Public Health

Comprises of any program that generally prepares individuals to plan, manage and evaluate public health care services and to function as public health officers.

#### Health Professions and Related Clinical Sciences

Comprises of any instructional programs that prepare individuals to practise as licensed professionals and assistants in the health care professions and focus on the study of related clinical sciences.

### **Gerontology**

Comprises of any program that focuses on the human aging process and aged human populations, using the knowledge and methodologies of the social sciences, psychology and the biological and health sciences.

### **Biological and Biomedical Sciences**

Comprises of any instructional programs that focus on the biological sciences and the non-clinical biomedical sciences, and that prepare individuals for research and professional careers as biologists and biomedical scientists.

### **Psychology**

Comprises of any instructional programs that focus on the scientific study of the behaviour of individuals, independently or collectively, and the physical and environmental bases of mental, emotional and neurological activity

### **Social Sciences, Arts and Humanities**

Comprises of any instructional programs that focus on the systematic study of social systems, social institutions, and social behaviour or independent or individualized studies in the liberal arts subjects, the humanities disciplines, literature, history and the general curriculum.

### **Physical Sciences**

Comprises of any instructional programs that focus on the scientific study of inanimate objects, processes of matter and energy, and associated phenomena.

### **Business, Management, Marketing and Related**

Comprises of any instructional programs that prepare individuals to perform managerial, technical support, and applied research functions related to the operation of commercial and non-profit enterprises and the buying and selling of goods and services.

### **Education**

Comprises of any instructional programs that focus on the theory and practice of learning and teaching, and related research, administrative and support services.

### **Law**

Comprises of any instructional programs that prepare individuals for the legal profession, for related support professions and professional legal research, and focus on the study of legal issues in non-professional programs.

### **Engineering**

Comprises of any instructional programs that prepare individuals to apply mathematical and scientific principles to the solution of practical problems.

**Other Field of Study** - Any program that does not fit a description above.

## **SECTION 6 – Practice Status**

Practice statuses assist HealthForceOntario to identify the real and potential workforce and labour force participation rate for health professions. Indicate your current status by choosing the appropriate selection.

**Employed in OT:** Working as an OT in some capacity as an employee or self-employed professional

**Employed, On Leave:** Retained/employed as an employee or self-employed professional in occupational therapy but currently not working as a result of a leave (for example, maternity/paternity leave or leave of absence).

**Unemployed and Seeking Employment in OT:** Not currently employed but you are seeking employment in occupational therapy at the time of registration.

Once employment has been secured, full details of your employment profile must be provided to the College.

**Unemployed and Not Seeking Employment in OT** - Not currently employed and not seeking employment in occupational therapy at the time of registration.

### **Working outside of profession and seeking work in OT**

– Currently working but not in a job related to OT but you are actively searching for an OT job. If this applies to you, you are not required to provide Employment profile details.

### **Working outside of profession and not seeking work in OT**

– Currently working in job unrelated to occupational therapy and you are not actively pursuing a job in OT.

### **Note:**

1. If you are in a non-clinical or non-traditional OT role, indicate yourself as Employed in OT.

2. If you do not consider yourself as employed in OT then you would not provide any information in the Employment Profile and you need to ensure you meet the Currency Hour and Professional Liability Insurance Requirements.
3. Once you begin an OT job, full details on your employment profile must be reported to the College within 30 days. The easiest way to update your employment profile is online in **Registrants Only > My Profile**. You can print the **Change of Information** form found in **Registration > Update Your Information**, complete the form and fax it to the College.

#### SECTION 7 – Current Employment – New Section

Complete this section if you are currently working, in some capacity, as an occupational therapist. Answers provided here should reflect your situation across all of your OT positions.

##### Student Supervision

Please indicate whether or not you supervised occupational therapy students for at least a minimum of three weeks in the last year.

**Clinical Clients** – You are considered to have clinical clients even if it is just one patient.

**Number of Practice Weeks in Past 12 Months** – Provide the number of weeks you practiced in the profession in the past 12 months across all of your employment / practice sites or jobs. Note: 1) Working at least one practice day in any week constitutes one week of practice; 2) Exclude your vacation, on-call, sick and leave time greater than one week; and 3) There are 52 weeks in a calendar year.

Health Force Ontario collects this data as a measure of time spent practising by an OT throughout a typical year.

**Average Number of Weekly Practice Hours in the Past 12 Months** – Provide the average number of hours you spend working per week in the past 12 months across all of your employment / practice sites. Your allocation of time must add up to 100%. **Note:** hours should be inclusive of all practice hours (e.g. Travel time between practice settings, preparation and service provision). Hours should exclude commuting and any time spent volunteering outside of the profession.)

HealthForceOntario collects this data to as a measure of time of how many hours an OT spends practising across all practice sites to build an understanding of workload and actual availability of services.

##### Percentage Breakdown of the Proportion of weekly practice hours:

If you have selected a Current Employment Status of “Employed in OT” you will be required to complete the proportion of weekly practice hours spent on different activities. You must enter data in these fields that adds up to 100%. This information is collected by HealthForceOntario as a measure of how many hours are spent on each activity, giving an indication of availability of services.

- a. **Time spent on direct professional services** – Provide the percentage of time spent per week on direct health professional services across all practice sites (e.g. conducting tests, patient care, patient charting, health promotion, etc.)
- b. **Time spent teaching** – Provide the percentage of time spent per week across all practice sites on teaching to prepare students for a health profession including clinical education.
- c. **Time spent on research** – Provide the percentage of time spent per week across all practice sites for conducting research in profession.
- d. **Time spent on administration** – Provide the percentage of time spent per week across all practice sites for administration activities in occupational therapy. Administration includes planning, organizing, management and paper work (e.g. such as completing stats, billing).
- e. **Time spent on all other activities** – Provide the proportion of time spent per week across all practice sites on activities excluding direct professional services, teaching, research and administration.

#### SECTION 8 - Current Employment Profile – Practice Site Information

Information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the Public Register under the *Regulated Health Professions Act* (RHPA) and College Bylaws. Note, it is your responsibility to provide the College with all employment profile changes that may occur throughout the year within 30 days of the change. This can be done online in the **Registrants Only** section or alternatively by disclosing full details to the College, in writ-

ing using a fax-back form which is available at [www.coto.org](http://www.coto.org) – *Registration > Update your Information.*

For each question in the employment section, it is important to choose the **one descriptor** that best describes the majority of your work for that employment/employer. If your work load is truly split evenly between 2 responses, it is up to you to decide which one descriptor to choose.

**Section 8.1 Practice Site 1 - Primary Employment:** refers to the employment with an employer, or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

**Section 8.2 Practice Site 2 - Secondary Employment:** refers to the employment associated with the second highest number of usual weekly hours worked, whether employed or self-employed.

**Section 8.3 Practice Site 3 - Third Employment:** refers to the employment associated with the third highest number of usual weekly hours worked, whether employed or self-employed.

#### Contact Information for Primary, Secondary and Third Employment

As per College Bylaw Section 17, full and complete data must be provided for each employment/employer. Details of your employment profile are posted on the Public Register. Changes to this data must be provided to the College as it occurs throughout the year. If you are self employed and work from home you may choose to have a Post Box set up as your employment address. Only include employment details that are relevant to your Ontario registration certificate.

#### Postal Code Reflects Site of Practice – data is required for all applicable employment.

\*Yes – Postal code reflects the site where service is delivered.

\*No – Postal code does not reflect the site where service is delivered. The postal code provided refers to an employer or business office that is different than the site where service is delivered.

This data is used in annual trending to help identify OTs who typically work at multiple sites within the community, potentially some distance from an employer/business office location.

#### Employment Relationship

Select the descriptor that best identifies your category of employment for each place of employment / practice site.

**Permanent Employee:** Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

**Temporary Employee:** Status with employer is temporary with a fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

**Casual Employee:** Status with employer is on an as needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement between employer and employee that the employee will be called to work on a regular basis.

**Self-Employed:** A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

#### Employment Status

Select the descriptor that best identifies your employment status for each place of employment

**Full-time:** Official status with employer is full-time or equivalent, or usual hours of practice are equal to or greater than 30 hours per week.

**Part-time:** Official status with employer is part-time, or usual hours of practice are less than 30 hours per week.

**Casual:** Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement between employer and employee that the employee will be called to work on a regular basis

**Average/Usual Weekly Hours of Work:** For part time and casual employment, provide the average number of hours (a whole number) you work in a week.

\*For casual employment where weekly hours fluctuate use your best estimate of a weekly average. The number of hours must exceed 1.

\*If on an approved leave, provide the typical hours for your position.

#### Primary Practice Setting

Select the descriptor that best identifies the practice setting of where you provide service (whether an employee or self-employed) for each place of employment/practice site. This is at the service delivery level. Service delivery level refers to the location where you are directly engaged in your occupational therapy practice.

**General Hospital:** A health care facility that offers a range of inpatient and outpatient health care services (for example, medical, surgical, psychiatry, etc.) available to the target population. Includes specialty hospitals not otherwise classified.

**Rehabilitation Facility/Hospital:** A health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

**Children Treatment Centres (CTC):** This centre is a community-based organization that serves children with physical disabilities and multiple special needs. The centre provides physiotherapy, occupational therapy and speech therapy along with other additional services.

**Mental Health and Addiction Facility:** A health care facility that has as its primary focus the acute or post-acute, inpatient and/or outpatient, care of individuals with mental health issues and illness and/or addictions.

**Residential/Long Term Care Facility:** A licensed or regulated long-term care facility designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care facilities offer high levels of personal care and support. These facilities include nursing homes, municipal homes and charitable homes.

**Assisted Living Residence / Supportive Housing:** Refers to a non-institutional community setting that integrates a shared living environment with varying degrees of supportive services

of the following types: supervision, housekeeping, personal care, meal service, transportation, social and recreational opportunities, etc. May have limited medical/nursing services available. Includes group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.

**Community Health Centre (CHC):** A community-based organization that may be the first-point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services, including occupational therapy. CHCs emphasize health promotion, disease prevention and chronic disease management based on local population health needs. The organization must be recognized as a CHC and there are 54 CHCs throughout Ontario (May 2008).

**Community Care Access Centre (CCAC):** A local organization that assists its clients to access government-funded home care services and long-term care homes. The organization helps people to navigate the array of community support and health agencies in their communities.

**Visiting Agency / Client's Environment:** A community-based agency or group professional practice/business focused on delivering health services including occupational therapy. The professional travels to one or more sites that may be the client's home, school and/or workplace environment to provide services (e.g. Homecare or CCAC contracts).

**Family Health Team (FHT):** A Family Health Team is a group that includes physicians and other interdisciplinary providers, such as OTs, nurse practitioners, pharmacists, mental health workers, and dietitians. The FHT provides comprehensive primary health care (PHC) services. The FHT provides services on a 24/7 basis through a combination of regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The FHT emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The FHT must enroll patients. The group must be recognized as a FHT and there are 150 FHTs in Ontario (2008).

**Independent Health Facility:** Refers to a stand-alone facility or clinic offering specialized or broadly-based imaging services.

**Nurse Practitioner Led Clinic:** This clinic is led by a nurse practitioner and provides primary health care in collaboration with family physicians, and other interdisciplinary health care

providers. The focus of the clinic is on comprehensive primary health care services in areas where access to family health care is limited.

**Group Professional Practice Office/Clinic:** A community-based group professional practice/business or clinic (not already noted) organized around the delivery of primarily onsite health services, including occupational therapy, by a group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved, however, the health professionals are the focus of service provision.

**Solo Practice Office:** A community-based professional practice/business organized around the delivery of occupational therapy health services, by a single professional. Administrative support staff may also be involved, however, the health professional is the focus of service provision.

**Post-Secondary Educational Institution:** A post-secondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of OT education.

**Preschool/School System/Board of Education:** A primary, elementary or secondary school (or equivalent institution), or the associated school board (or equivalent entity) that has responsibility for the governance and management of education funding issued by provincial governments.

**Health Related Business/Industry:** A business or industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development or the selling of health-related products (e.g. medical device companies).

**Group Health Centre (Sault St. Marie):** An interdisciplinary practice in Sault Ste. Marie that includes physicians, nurse practitioners, dietitians, pharmacists, physiotherapists, and many other providers. The group provides comprehensive primary health care (PHC) services. The services are provided on a 24/7 basis through a combination of regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The group emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The group must enrol patients.

**Cancer Centre:** A facility that specializes in services related to the treatment, prevention and research of cancer.

**TeleHealth Ontario or other Telephone Health Advisory Services:** A program that provides free, confidential 24/7 service that provides Ontario residents with easy access to health information.

**Board of Health / Public Health Laboratory / Public Health Unit:** A public health laboratory or official health unit that administers health promotion and disease prevention programs to inform the public about healthy life-styles, communicable disease control including education in STDs/AIDS, immunization, food premises inspection, healthy growth and development including parenting education, health education for all age groups and selected screening services.

**Association/Government/Regulatory Organization/ Non-Government Organization:** An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

**Other Place of Work:** Place of work is not otherwise described.

#### Primary Role

Select the one descriptor that best identifies your primary position for each place of employment/practice site.

**Administrator:** A person whose primary role is involved in administration, planning, organizing and managing.

**Manager:** Major role is in the management of a particular team/group that delivers services. (You have no responsibility of case loads)

**Owner/Operator:** An individual who is the owner of a practice site and who may or may not manage or supervise the operation at that site.

**Service Provider— Direct Care:** Major role is in the direct delivery of occupational therapy services, including case management and/or consultation, related to direct client care.

**Service Provider – Professional Leader:** Direct service provider with a leadership role in the professional practice, with a large caseload, within an employment setting.

**Consultant (non-client care):** Major role is the provision of expert guidance and consultation, without direct patient-care, to a third-party.

**Instructor/Educator:** Major role is as an educator for a particular target group.  
**Educator—**Major role is as an educator for a particular target group.

**Researcher:** Major role is in knowledge development and dissemination of research.

**Salesperson:** Major role is in the sales of health related services and products.

**Quality Management Specialist:** Major role is the assurance and control of the quality of procedures and/or equipment.

#### Major Services

Select the descriptor that best represents the major focus of activities in which you primarily provide services for each practice site. It is common for OTs to work in a number of areas, however you are requested to select only one area that best represents the majority of your practice.

**Mental Health and Addiction:** Services provided to clients with a variety of mental health issues or addictions that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

**Palliative Care:** Services provided primarily to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

**General Service Provision:** Services provided primarily to clients with a variety of general physical health issues requiring interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

**Chronic Disease Prevention and Management:** Services are provided primarily to address chronic diseases early in the disease cycle to prevent disease progression and reduce potential health complications. Diseases can include diabetes, hypertension, congestive heart failure, asthma, chronic lung disease, renal failure, liver disease, and rheumatoid and osteoarthritis.

**Comprehensive Primary Care:** Services provided primarily to a range of clients, possibly at first-contact, to identify, prevent, diagnose and/or treat health conditions (e.g. oral care, foot care, etc.).

**Quality Management:** Focus of activities is on the assurance of the operational integrity, based on compliance with staffing, technical and organizational requirements.

**Cancer Care:** Services provided primarily to clients with a variety of cancer and cancer related illnesses.

**Post-Secondary Education:** Focus of activities is directed at providing post-secondary teaching to individuals registered in formal education programs.

**Public Health:** Services are provided primarily with the purpose of improving the health of populations through the functions of health promotion, health protection, health surveillance and population health assessment

**Research:** Focus of activities is in knowledge development and dissemination of research including clinical and non-clinical.

**Client Service Management:** Focus of activities is the management of client services across the health care continuum, specifically the coordination of multiple services as required for client care

**Vocational Rehabilitation:** Services provided with the purpose of enabling clients to participate in productive occupation(s).

**Consultation:** Expert consultation is provided on the profession related to medical and/or legal matters, expert witness, associated with client care.

**Sales:** Focus of activities is in the sales and/or service of health related apparatuses or equipment.

**Administration:** Focus of activities is on the management of services, or the development of policy and/or programs.

**Other Areas of Direct Service/Consultation:** Area of direct service/consultation not otherwise identified.

**Other Areas of Practice:** Other area of employed activity not otherwise described.

<p><b>Critical Care:</b> Services provided primarily to clients dealing with serious life-threatening and/or medically complex conditions who require constant care, observation and specialized monitoring and therapies.</p>	<p><b>If you select one of the services on the left, you are also required to select (only) one primary health condition as described below:</b></p> <ul style="list-style-type: none"> <li>• <b>Neurological:</b> Services provided to clients with a variety of neurological health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.</li> <li>• <b>Musculoskeletal:</b> Services provided to clients with a variety of musculoskeletal health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.</li> <li>• <b>Cardiovascular and Respiratory:</b> Services provided to clients with a variety of cardiovascular and/or respiratory health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.</li> <li>• <b>Digestive/Metabolic/Endocrine:</b> Services provided to clients with a variety of digestive, metabolic and/or endocrine related health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.</li> </ul>
<p><b>Acute Care:</b> Services provided primarily to clients who have an acute medical condition or injury that is generally of short-duration.</p>	
<p><b>Continuing Care:</b> Services provided primarily to clients with continuing health conditions for extended periods of time (e.g. long-term care or home care).</p>	
<p><b>Geriatric Care:</b> Services provided primarily to care for elderly persons and to treat diseases associated with aging through short-term, intermediate or long-term treatment/interventions.</p>	

**Client Age Range**

Select the descriptor that best describes the main client population that you most often work with for each employment profile/ practice site.

**Preschool age:** Preschool age clients that are between the ages of 0 and 4 years, inclusive.

**School age:** School age clients that are between the ages of 5 and 17 years, inclusive.

**Mixed Paediatrics (0-17):** Clients that are between the ages of 0 and 17 years, inclusive.

**Adults:** Adult clients that are between the ages of 18 and 64 years, inclusive.

**Seniors:** Older adult clients that are 65 years of age and older.

**Mixed Adults:** Clients that are 18 years and older.

**All Ages:** Clients across all age ranges.

**Not Applicable:** Direct service is not associated with one main age range of clients.

**Funding Source**

Select the descriptor that best identifies the major source of funding for each employment profile / practice site.

**Public/Government:** The public sector is the main source of funding for employed activities.

**Private Sector/Individual Client:** A private sector entity or an individual client is the primary source of funding for employed activities.

**Public/Private Mix:** Funding for employed activities is derived from a mixture of public and private sources.

**Other Funding Source:** Funding source not otherwise described.

**Auto Insurance:** Funding source is through auto insurers.

**Other Insurance:** Funding source is through long-term disability, extended health or WSIB coverage.

**SECTION 9: Conduct And Professional Registration**

All questions must be answered (a) through (p). You do not have to mention that a complaint has been made against you or that you are under investigation unless a decision has been made to hold a disciplinary or other hearing; in which case you are then “facing a proceeding”.

**Questions a) & b).** Pertain to any other OT registration / license you hold or have applied for outside of Ontario. If applicable, provide all the information requested. Membership

with professional associations, for example CAOT, OSOT is not required here—they are not regulatory organizations.

c) Pertains to a registration held in any other regulated professions (e.g. teaching, law, real estate). If applicable, provide all the information requested.

**Questions d) & e).**

You must report any criminal offence even if does not relate to the practice of the profession.

You are required to report information to the College about any finding of guilt with relation to:

1. an offence under the Criminal Code of Canada;
2. an offence related to dispensing, selling or administering drugs;
3. an offence that occurred while the member was practicing or that was related to the practice of the member (other than a municipal by-law infraction or an offense under the *Highway Traffic Act*;
4. an offence in which the member was impaired or intoxicated;
5. any other offense relevant to the member's suitability to practice the profession.

For your reference:

- A “finding” occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (for e.g. before a Discipline Committee or Fitness to Practise Committee).
- You are currently “facing a proceeding” if you have been notified that there will be a hearing held in respect to allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).
- an “offence” is a breach of law that is prosecuted in a court.
- an offence can be criminal in nature (e.g. a breach of the Criminal Code), or contrary to another federal statute (e.g. *Controlled Drugs and Substances Act*).
- Breaches of a provincial statute prosecuted in court can also be an offence (e.g. *Child and Family Services Act, Health Protection and Promotion Act, Health Care Consent Act*).
- Being “found guilty” means that a court has found that you committed the offence even if you were given a conditional or absolute discharge. You can be found guilty of an offence but not be convicted if you are given

a discharge. Even if you were not convicted, you must report any finding of guilt.

- Offences “related to the practice of occupational therapy” means that it has some relevance to your practice of OT or your suitability to practice the profession.
- An offence that is work related or that involves significant dishonesty or a breach of trust should be reported (e.g. assault of a client, sexual abuse of a child).
- If in doubt, it is safer to report a finding of guilt than to risk failing to make a required report.
- Just because a report has been made does not mean that the College will take action—all of the circumstances will be reviewed.

**SECTION 10: Professional Liability Insurance**

Liability insurance with a sexual abuse therapy and counseling fund endorsement must be maintained for ongoing registration, even if you do not “see” clients or are not working. Regardless of your employment status, if you do not hold insurance you are not eligible for registration.

The College has approved the programs offered by CAOT and OSOT as meeting College requirements. If you purchased insurance from CAOT or OSOT you do not need to send a copy of your insurance but you must provide all the information requested on the annual registration form. NOTE: For registrants purchasing insurance through another agency/source, a copy of the insurance policy certificate must be included with your annual registration form. If you are completing your renewal via eReg please fax a copy of your insurance certificate to the office (fax # 416-214-0851).

**SECTION 11: Declarations**

**Quality Assurance Declaration**

Failure to comply with this section will not impact your registration but will result in follow-up by the Quality Assurance Committee. To review your mandatory requirement for QA see your Registrant Resource Binder, Section 5, Introduction Quality Assurance Program, page 5.

**Registration Declaration**

The Annual Registration Renewal Form is a legal document and must be signed by you. If you do not sign the Registration Declaration, your form will be returned, delaying your renewal and possibly incurring late and an administration fees.

**SECTION 12: Additional Information**

Space has been allocated in this section for you to provide any relevant additional information that you did not have space to record elsewhere on the form.

**SECTION 13: Payment**

**Annual Registration Renewal Fee Schedule:**

On or before

<b>April 30, 2010</b>	\$690.43 (\$657.55 + \$32.88 GST)
<b>May 1 to June 1, 2010</b>	\$738.65 (\$657.55 + \$81.10 HST)
Late Fee*:	
<b>June 2 to June 30, 2010</b>	\$843.65 (\$657.55 + \$81.10 HST + \$100.00 + \$5.00 GST)

**Late Fee:**

\*All registration fees received post marked or electronically transferred after June 1, 2010 (i.e. 12:01 a.m. June 2, 2010) will be charged the late penalty fee of \$100.00 plus applicable taxes.

**NSF Fee:**

All cheques returned to the College as NSF and/or all credit card payments that have been processed in-office and are declined, will be charged a \$25.00 plus applicable taxes. If your payment is returned NSF after June 1st, you will be charged the NSF fee, and the applicable late fee and taxes.

**Follow-up Letter Fee:**

Registrants who receive a follow up letter for incomplete annual registration renewal will be charged \$25.00 plus applicable taxes.

**Any fees paid as of July 1st will be subject to 13% HST.**

**Suspension for Non Payment of Fees:**

As per section 24 in the *Regulated Health Professions Act, 1991*, the College is only required to give a 30 day notice period prior to suspension of registration resulting from non payment of fees. The College is required to post all suspensions on the public register.

**Payment Options:**

You are encouraged to complete your renewal using online Annual Registration Renewal and to finalize your renewal with

a credit card payment, however all methods of payment described below are acceptable methods to pay your annual fee.

- i) **Credit card**—Visa, MasterCard, American Express. Payments processed daily.
- ii) **Personal cheque/money order**—made payable to COTO. Cheques may be postdated to June 1, 2010, otherwise current dated cheques will be deposited as processed. Please put your registration number on the cheque to ensure your account is properly credited.
- iii) **Telephone/internet payment with your bank**  
For payment through your financial institution by telephone or internet bill payment, your eight digit registration number is your account number. The College is set up with the five major banks, Royal Bank, Scotia Bank, TD Canada Trust, CIBC/ President's Choice, and the Bank of Montreal. To ensure the accurate allocation of your payment, be sure to provide your correct registration number. It is your responsibility to ensure your bank processes your payment on or before June 1, 2010.

Your registration renewal will not be considered complete until BOTH the completed online form and fee payment are received. It is your responsibility to ensure your annual registration renewal fee payment is received by the College no later than June 1, 2010.

**Registration Fee Refund:**

If you will only work for a portion of the 2010/11 registration year you may be eligible for a partial refund of the annual fee. The College will issue a partial refund equal to 50% of the annual fee to those registrants who end their employment within the first quarter of the College's fiscal year (June 1 – Aug 31). To be eligible to receive a refund you must meet the following conditions:

- i) Employment must end on or before August 31, 2010.
- ii) A written notice to the Registrar requesting the cancellation of your certificate of registration must be received on or before September 30, 2010.
- iii) Registration wallet card and tax receipt must be returned to COTO with your request on or before September 30, 2010. A new tax receipt will be issued.
- iv) Written proof of employment termination and date of termination must be received from the employer (where applicable). If you are a self-employed OT, employer documentation is not required.



