



AUTHORIZATION FOR RELEASE OF INFORMATION REGULATORY HISTORY

Thank you for your recent inquiry for registration with the College of Occupational Therapists of Ontario.

Please note that verification of your registration in other jurisdictions is a requirement of registration in Ontario. If you hold (or have held) a registration(s) or license(s) in another jurisdiction, please forward the attached form to the appropriate regulatory authority and have them complete it and return it directly to the College. The attached form has been provided to assist you in expediting your registration process, please make copies of this form if necessary. The completed form(s) must be returned to the College before your registration can be granted.

Please note that some Regulatory Authorities may charge a fee for this service.

If you have any questions, please do not hesitate to contact the Registration Department at 416-214-1177 or 1-800-890-6570, ext. 224; or by e-mail registration@coto.org.

Name of applicant

Registration Number

Address of applicant

I am applying for registration to practice as an occupational therapist in the province of Ontario. I hereby authorize

(Name and address of occupational therapy regulatory authority)

to answer the following questions on my regulatory history for the College of Occupational Therapists of Ontario.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____

REGULATORY HISTORY

1. Has this person ever been licensed to practice occupational therapy in your jurisdiction? No Yes

If yes, state dates of registration: _____

2. Are (or were) there any conditions/restrictions to his/her license/registration to practice occupational therapy in your jurisdiction?

No Yes If yes, please describe : _____

3. Has this person been the subject of any disciplinary action by your organization? No Yes

If yes, please describe the findings and the penalty: _____

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

No Yes If yes, please explain: _____

Date

Signature of Registrar or Designate

Name of Regulatory Board