



Change of Information Notification – Employment Profile

To inform the College of an addition to, or change in, employment profile, please complete the form below.
This form can be faxed back to the College at 416-214-0851.

| | |
|------|---------------------|
| Name | Registration Number |
|------|---------------------|

Employment Status

Please indicate your current employment status

10 Employed in Occupational Therapy

30 Unemployed and Not seeking employment in Occupational Therapy

20 Unemployed and seeking employment in Occupational Therapy

If unemployed please note you will need to provide OT employment information to the College once you begin work. Please indicate the end date for your employment.

Employment End Date (dd/mm/yyyy)

Primary Employment

| | |
|---|------------|
| Employer Name (or Business Name if self-employed) | Telephone |
| Address | Fax |
| | Start Date |
| Postal Code reflects site of practice? Yes <input type="checkbox"/> No <input type="checkbox"/> | End Date |

Secondary Employment

| | |
|---|------------|
| Employer Name (or Business Name if self-employed) | Telephone |
| Address | Fax |
| | Start Date |
| Postal Code reflects site of practice? Yes <input type="checkbox"/> No <input type="checkbox"/> | End Date |

Third Employment

| | |
|---|------------|
| Employer Name (or Business Name if self-employed) | Telephone |
| Address | Fax |
| | Start Date |
| Postal Code reflects site of practice? Yes <input type="checkbox"/> No <input type="checkbox"/> | End Date |

Employment Category (indicate only one for each employment)

| | | |
|--|--|--|
| Primary Employment <input type="checkbox"/> <input type="checkbox"/> | Secondary Employment <input type="checkbox"/> <input type="checkbox"/> | Third Employment <input type="checkbox"/> <input type="checkbox"/> |
|--|--|--|

10 Permanent

20 Temporary

30 Casual

40 Self-Employed

Change of Information Notification – Employment Profile

Full/Part time Status (indicate one for each employment including the average weekly hours of work)

Primary Employment @ _____ hrs/wk

Third Employment @ _____ hrs/wk

Secondary Employment @ _____ hrs/wk

10 Full-time @ # hours per week

20 Part-time @ # hours per week

Position (indicate only one for each employment)

Primary Employment

Secondary Employment

Third Employment

Check box if you have no clinical clients

10 Manager

30 Direct Service Provider

50 Researcher

60 Other

20 Professional leader/Coordinator

40 Educator

55 Equipment Sales

Employment Type (indicate only one for each employment)

Primary Employment

Secondary Employment

Third Employment

10 General hospital

50 Assisted living residence

90 Solo professional practice/business

130 Industry, Manufacturing, and Commercial

20 Rehabilitation hospital/facility

60 Community health centre

100 Post-secondary education institution

140 Other employer type not described

30 Mental health hospital/facility

70 Visiting agency/business

110 School or school board

40 Residential care facility

80 Group professional practice/clinic

120 Assoc./Gov't/Para-governmental

Area of Practice (indicate only one for each employment)

Primary Employment

Secondary Employment

Third Employment

Direct Service – Physical Health

20 Neurological

30 Musculoskeletal

40 Cardiovascular & Respiratory

50 Digestive/Metabolic/Endocrine

60 General physical health

Additional Areas of Direct Service

10 Mental health

70 Vocational rehabilitation

80 Palliative care

90 Health promotion and wellness

100 Other areas of direct service provision

Areas of Client Management

120 Client service management

130 Medical/Legal

Research

150 Research

Education

140 Teaching

Administration

110 Service administration

160 Other areas of practice

Client Age Range (indicate only one for each employment)

Primary Employment

Secondary Employment

Third Employment

10 Preschool age (0–4)

25 Mixed paediatrics (0–17)

40 Seniors (65+)

50 Other client age range

20 School age (5–17)

30 Adults (18–64)

45 Mixed adults (18–65+)

Funding Source (indicate only one for each employment)

Primary Employment

Secondary Employment

Third Employment

10 Public/Government

30 Public/Private mix

45 Auto insurance

20 Private sector/Individual client

40 Other funding source

55 Other insurance

Signature

Date

NOTE: If you hold a provisional certificate, please ensure you submit a new Employer Acknowledgement Form if you are changing employment.

Return Form to:
 Registrant Services Associate
 College of Occupational Therapists of Ontario
 Fax: 416-214-0851