

**MUTUAL REGOGNITION CONFIRMATION FORM**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, having reviewed the application information regarding the  
(Name of Applicant)  
Mutual Recognition Agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of  
\_\_\_\_\_. I hereby authorize the \_\_\_\_\_  
(Originating Province)

\_\_\_\_\_  
(Name & address of Occupational Therapy Regulatory Authority - originating)  
to answer the following questions on my registration status for the completion of the Mutual Recognition Confirmation Form  
(below) and forward to the : **The College of Occupational Therapists of Ontario**  
**900-20 Bay St, PO Box 78**  
**Toronto ON M5J 2N8**

Further I give permission for the originating regulatory organization to provide the receiving regulatory organization with:

- a verified copy of my occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of regulatory history forms on file \*.

While in your province I was registered for these dates _____ _____ under the name(s) _____ My registration number is/or was _____ Date of Birth ____/____/____
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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

**\*NOTE**

- 1) You must also make arrangements to have the originating jurisdiction complete a current regulatory history form if this is required by the receiving jurisdiction. The MRA confirmation form only permits the sharing of information on file with the originating jurisdiction, collected at the time of your application with the originating jurisdiction.
- 2) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the originating jurisdiction.
- 3) If the originating jurisdiction does not have documents in your file, you may be asked by the receiving jurisdiction to produce them. If you are eligible to transfer under the Mutual Recognition Agreement, this does not affect your ability to do so.

**(Page 2 is completed by originating regulatory organization)**



### MUTUAL RECOGNITION CONFIRMATION

APPLICANT'S NAME: \_\_\_\_\_

1. The applicant's documentation has been authenticated by, on behalf of, your organization.  
 \_\_\_\_\_ No \_\_\_\_\_ Yes  
 Please specify and if no, please provide reasons: \_\_\_\_\_  
 \_\_\_\_\_

#### EDUCATION/REGISTRATION

2. This person has graduated with a degree in occupational therapy from a Canadian program in (Year) \_\_\_\_\_  
 \_\_\_\_\_ No \_\_\_\_\_ Yes  
 Please specify name of degree, educational institution: \_\_\_\_\_  
 \_\_\_\_\_

Transcript attached. \_\_\_\_\_ No \_\_\_\_\_ Yes  
 If degree or university transcript not attached provide reasons: \_\_\_\_\_  
 \_\_\_\_\_

#### EXAMINATION

3. Check the information that best describes this individual.  
 Completion of an examination is not a registration requirement in our province.  
 Completion of the examination was not a registration requirement for this individual. Provide reasons:  
 \_\_\_\_\_  
 This individual successfully completed the required examination in (Year) \_\_\_\_\_  
 Confirmation documentation of this is attached. \_\_\_\_\_ No \_\_\_\_\_ Yes  
 If no, provide reasons: \_\_\_\_\_

#### REGULATORY HISTORY

4. Has this person been licensed / registered to practice occupational therapy, without restrictions, in your jurisdiction?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Currently registered  
 Dates of registration \_\_\_\_\_  
 If "No" please provide reasons: \_\_\_\_\_  
 \_\_\_\_\_

The following documents are enclosed; official signature and/or seal indicate true copies of document on file.

- a verified copy of occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of regulatory history forms on file.

\_\_\_\_\_  
Name of Registrar or Designate (Please Print)

Please  
affix  
seal

\_\_\_\_\_  
(Signature of Registrar or Designate)

\_\_\_\_\_  
(Date)



## Regulatory History

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?  Yes  
If yes, state dates of registration: \_\_\_\_\_  No  
 Current

2. Are (or were) there any conditions/restrictions to his/her license/registration to practice occupational therapy in your jurisdiction?  Yes  
If yes, please describe: \_\_\_\_\_  No

3. Has this person been the subject of any disciplinary action by your organization?  Yes  
If yes, please describe the findings and the penalty: \_\_\_\_\_  No

4. Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time?  Yes  
If yes, please explain: \_\_\_\_\_  No

\_\_\_\_\_  
Date

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

(please affix seal)

\_\_\_\_\_  
Name of Regulatory Board