



REQUEST TO CANCEL MY CERTIFICATE OF REGISTRATION

Name: _____ Registration # _____

(Print clearly)

I declare that effective _____ (dd/mm/yyyy), I will be cancelling my certificate of registration with the College of Occupational Therapists of Ontario. This will render my certificate of registration inactive. I understand that I will no longer be a member of the College and that I will not be permitted to practise and/or use the title of Occupational Therapist (OT) in Ontario after the above noted date. **I understand that it is my responsibility to obtain a certificate of registration prior to resuming practice or using OT title in Ontario.** In order to re-register, I will be required to submit a new Registration Application Form, application fee, and meet all other registration requirements as outlined on the College's website under **Registration > Re-registration**. I understand that I will be subject to the registration requirements at the time of my application.

Last day of employment: ____/____/____

Signature: _____

Witness Signature: _____

Please indicate the reason for cancelling your certificate of registration:

- Leaving the country
- Leaving the province
- Leave (on leave of absence from practising in the profession)
- Changing profession (leaving OT profession for another profession)
- Return to School
- Retiring (no longer part of the labour force)
- Other

If you request to cancel your certificate of registration during the annual registration renewal period (April 1 – June 1), your certificate will be rendered inactive effective May 31st.

Fax completed form to Registration: 416.214.0851