



REQUEST TO RESIGN MY CERTIFICATE OF REGISTRATION

Name: _____ **Registration #** _____

(Print clearly)

I declare that effective _____ (dd/mm/yyyy), I will be resigning my Certificate of Registration with the College of Occupational Therapists of Ontario. I understand that I will no longer be permitted to practise and/or use the title of Occupational Therapist (OT) in Ontario after the above noted date. I understand that if I wish to re-apply for a Certificate of Registration with the College in the future, I must submit a new Registration Application Form, Application Fee, and that I will be subject to the registration requirements in place at the time of my application. I understand that I must be issued a Certificate of Registration and registration number prior to returning to work as an occupational therapist in Ontario; this includes orientation at the work place.

Last day of employment: ____/____/____ (dd/mm/yyyy)

Signature: _____

Witness Signature: _____

Please indicate the reason for resigning your certificate of registration:

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

If you request to resign 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