



Labour Mobility Support Agreement (LMSA) Confirmation Form

Part 1: Authorization for Release of Information

Name: _____

Date of birth (YYYY/MM/DD): _____

Email: _____

Phone number: _____

Province of current registration: _____

Current registration number: _____

I _____ hereby authorize
(your name)

(name of organization where you are currently registered)

to answer the questions on Part 2 of this form and provide the completed form and the following documents to the College of Occupational Therapists of Ontario:

- a copy of my occupational therapy degree and/or university transcript, Association of Canadian Occupational Therapy Regulatory Organization (ACOTRO) SEAS disposition report, Ordre des ergothérapeutes du Québec (OEQ) equivalency recognition report, or other accepted evidence
 - a copy of all credential evaluation reports or equivalents
 - a copy of all National Occupational Therapy Certificate Examination (NOTCE) results
 - a copy of all regulatory history forms or equivalents
 - a copy of of all formal language testing results or other accepted evidence
- I acknowledge that I must submit a [Regulatory History Form](#) to the College of Occupational Therapists of Ontario, completed by the organization where I am currently registered, as part of this process.

(Date)

(Signature of Applicant)

Please note the following:

- 1) The organization where you are currently registered may charge a fee to complete this form. Please contact them to inquire about the fee.
- 2) If you are currently registered in more than one province, you should have the province where you were initially registered complete the form.
- 3) If the organization completing the form does not have any of the required documents in your file, the College of Occupational Therapists on Ontario may ask you to produce them. This will not result in a reassessment of your education and/or training.
- 4) The College of Occupational Therapists of Ontario will make the final determination on your ability to register under Chapter 7 of the Canadian Free Trade Agreement.

Part 2 of this form is to be completed by the organization where you are currently registered.

Part 2: Questions Pertaining to Registration

Applicant's name: _____ Name of organization: _____

1.0 Current Registration

1.1 Current category of registration? _____

Are there restrictions or conditions on the registration? Yes No

1.2.1 If yes, provide details:

2.0 Practice in Current Jurisdiction

2.1 This individual has practised in our province? Yes No Unsure

3.0 Labour Mobility Support Agreement Transfer History

3.1 This individual transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement? Yes No

3.1.1 If yes, provide details of transfer (regulatory organization(s), dates):

4.0 Education

4.1 Name of degree: _____

4.2 Name of educational institution and date degree granted: _____

4.3 Transcript attached: Yes No (provide reasons) _____

4.4 Degree or accepted evidence attached: Yes No (provide reasons)

For internationally educated occupational therapists only

4.5 Credential evaluation report attached: Yes No (provide reasons)

4.6 Education equivalence established through ACOTRO SEAS: Yes No

4.7 Education equivalence established through OEQ Equivalence Recognition: Yes No

4.8 Education equivalence established through provincial process (prior to SEAS): Yes No

4.9 Education equivalence established through other process: Yes (provide details) No

5.0 Examination

Check the information that best describes this individual's examination profile:

- Completion of NOTCE is not a registration requirement.
- Completion of the NOTCE was not a registration requirement for this individual (provide reasons):

This individual successfully completed the NOTCE in (year) _____
 Documentation confirming this is attached. Yes (go to 6.0) No (provide reasons):

This individual is scheduled to write the NOTCE on (date) _____
 Documentation confirming this is attached: Yes (go to 6.0) No (provide reasons):

This individual has previously written and has been unsuccessful in passing the NOTCE
 List all known attempts (dates): _____

6.0 Regulatory History

6.1 Historical regulatory confirmation attached: Yes Not relevant for this individual
 No (provide reasons): _____

7.0 Language Proficiency

7.1 Language proficiency is a requirement in this province: Yes No
 7.1.1 If yes, language proficiency was confirmed in: English French
 7.1.2 Formal language testing results or other accepted evidence are attached:
 Yes Not relevant for this individual No (provide reasons)

The following documents are enclosed. Official signature and seal indicate true copies of document on file.

- a copy of occupational therapy degree and/or university transcript, ACOTRO SEAS disposition report, OEQ equivalency recognition report, or other accepted evidence
- a copy of all credential evaluation reports or equivalents
- a copy of all NOTCE results
- a copy of all regulatory history forms or equivalents
- a copy of of all formal language testing results or other accepted evidence

Affix

Name of Registrar or Designate

Seal

(Signature of Registrar or Designate)

(Date)