

College of Occupational Therapists of Ontario Ordre des ergothérapeutes de l'Ontario

Guide to Online Application

August 2017

Guide to Online Application

The application can be completed by individuals applying for general and provisional registration with the College of Occupational Therapists of Ontario (the College). This includes recent graduates, internationally educated occupational therapists, occupational therapists coming from other provinces, and those who are re-registering after resigning from the College. If you are applying for a temporary registration, please contact the College directly at **registration@coto.org**.

You must complete the application and submit the appropriate fees and documentation. The application can be submitted prior to having met all requirements, but a registration cannot be issued until a complete application, including all supporting documentation, has been received and it has been determined that you have met all of the registration requirements. All applications to the College are valid for one year.

Within approximately 1 to 2 days of completing your application and paying the application fee, you will receive an email from the College notifying you that you can log in to the website to view your application checklist online.

Tips for Completing Online Application

- You must fill out all fields marked with an asterisk *
- Proceeding to the next page will save the information you have entered on the page
- · Your session may timeout if there is a period of inactivity
- You can return to complete your application by using the *Complete Application* button on the *Apply Now* page of the College website
- Do not use the back button on the browser to navigate between pages, use the next and back buttons on
- the application instead
- Before you proceed to the payment step, review your application to make sure all information is correct.
- Once the application fee has been paid you will be unable to make any changes. If you have made an
- error and need to make a change, contact us at **application@coto.org**

Submitting Supporting Documentation

As you are going through the online application, popup text will appear informing you of the supporting documentation you will be required to submit. Your application checklist will list all outstanding documentation required for submission, as well as the dates submissions are received. You will be contacted via email if any of your documents are unacceptable and will receive information to help you obtain the correct documents.

Supporting documentation emailed to **application@coto.org**. Be sure to include you full name and applicant ID number in the email subject line (please see diagram below).

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How to Apply

If you are a first time applicant to the College, please click on the Start Application - New Applicant link.

If you previously held registration, or previously applied for registration with the College, we may already have your information on file. Please click on the **Start Application - Previous Registrant or Applicant** button and enter the requested information; and someone from the College will contact you with instructions.

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Personal Information

Please provide all of the requested information and ensure proper use of upper and lower case letters when entering street names, cities, postal codes, etc. The name you indicate as your commonly used name will be the name used on the public register, and must be the name you use in practice. Your wall certificate and tax receipt will contain your legal name.

Legal First, Middle and Last Name:

Your full legal name is required to be on file with the College but it does not necessarily have to be the name that you use in professional practice. This is the name that will appear on your tax receipt and wall certificate.

Previous Legal First and Last Name:

If your current legal name is different than the name that you had when you graduated with your occupational therapy entry degree, please provide this information if you have not already done so. This information is required as set out in College bylaws.

Change of Legal Name:

If you need to make changes to your legal name on file with the College, please forward the request in writing to the College along with the proper documentation, for example, copy of marriage certificate.

Commonly Used First, Middle and Last Name in Practice:

This is the name that you use in your professional practice. This may or may not be your full legal name.

As per College bylaws, your home address must be provided to the College. The standard procedure for College mailings is to send items to your home address, unless you indicate that your preferred mailing address is your work address. You can change your preferred mailing address to your Primary Employment address in Step 5, Practice Site Information.

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Registration Category

Choose the category that best describes your situation.

Start Date

Pick the date you would like to be registered by, you can change this date if you obtain a job earlier than you expected.

Work Eligibility

Select the category that applies to you. You will be required to forward documentation to the College to demonstrate you meet the requirement. If you are a Canadian citizen, a copy of your birth certificate, current passport, or Canadian Citizenship Card is required. If you are not a Canadian citizen, evidence of landed immigrant status, permanent residency, or employment authorization under the *Immigration and Refugee Protection Act, 2001* is required, for example, work permit. Forwarding a scanned copy of the document is sufficient. If you do not currently meet this requirement you can still proceed with completing other sections of the application.

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Currency and Language

Currency Hours

Please select the description that best applies to you. Worked hours include direct service hours, planning and development and administrative hours.

Language

Evidence of reasonable oral and written fluency in English or French is required. This can be demonstrated by one of the following:

- a. Your first language is English or French
- b. Your occupational therapy program was taught in English or French
- c. You have achieved a College-accepted score on an approved test. Documentation must be sent to the College directly from the testing agency to verify results. Go to **www.coto.org** for information on all College approved fluency tests and acceptable scores.

Please indicate all languages in which you can competently provide occupational therapy services by selecting from the drop down lists. Once registered, the languages provided here will be included on the public register.

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Education

Occupational Therapy Education

Provide the information requested as it relates to all of your occupational therapy academic credentials.

Canadian Educated

A transcript confirming your entry level occupational therapy degree is required from your educational institution. You will need to contact your university and request that you final transcript be sent directly to the College after convocation.

Internationally Educated Applicants

You must request that the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) send a copy of the Substantial Equivalency Assessment System (SEAS) Disposition Report to the College.

Education Other Than Occupational Therapy

If you have earned an academic degree in a field other than occupational therapy, please provide the requested information in this section, transcripts are not required.

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Practice Site Information

If you have an offer of occupational therapy employment, please select '**Yes**' and fill out the requested information.

If you do not have an offer of occupational therapy employment, please select '*No*' and proceed to the next step.

For each question in the employment section, it is important to choose the **one descriptor** that best describes the majority of your work for that practice site. If your work load is truly split evenly between two responses, it is up to you to decide which one descriptor to choose.

Full contact details of employment are required to be listed on the public register. If you are self-employed and work from home you may choose to have a PO Box set up as your employment address.

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Preferred Mailing Address

By default all College mailings are sent to your home mailing address. If you prefer to have all College mailings sent to your primary employment, select a response of 'Yes' to the question 'Would you prefer the College to send mail to the primary employment address?'

Status

The status field indicates your status of employment for each practice site. Select the response, as applicable for Primary Site, Secondary Site, and Tertiary Site. The different status types are identified as follows:

No longer working here: Select this response if the employment displayed is no longer current.

Primary Site: Refers to the employment with an employer, or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Secondary Site: Refers to the employment associated with the second highest number of usual weekly hours worked, whether employed or self-employed.

Tertiary Site: Refers to the employment associated with the third highest number of usual weekly hours worked, whether employed or self-employed.

Postal Code Reflects Site of Practice

This data is required for all applicable employment.

Yes - Postal code reflects the site where service is delivered.

No – Postal code does not reflect the site where service is delivered. The postal code provided refers to an employer or business office that is different than the site where service is delivered.

Employment Relationship

Select the descriptor that best identifies your category of employment for each practice site.

Permanent Employee: Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

Temporary Employee: Status with employer is temporary with a fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

Casual Employee: Status with employer is on an as needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement that between an employer and employee that the employee will be called to work on a regular basis.

Self-Employed: A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

Full-time / Part-time / Casual Status

Select the descriptor that best identifies your employment status for each practice site.

Full-time: Official status with employer is full-time or equivalent, or usual hours of practice are equal to or greater than 30 hours per week.

Part-time: Official status with employer is part-time, or usual hours of practice are less than 30 hours per week.

Casual: Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement between employer and employee that the employee will be called to work on a regular basis.

Average/Usual Weekly Hours of Work

Provide the average number of hours you expect to work per week. You must enter a whole number. A range cannot be provided in this field. If unknown, please include an estimate and update the information once it is known.

Primary Role

Select the one descriptor that best identifies what your primary position will be for each practice site.

Administrator: Major role is involved in administration, planning, organizing and managing.

Manager: Major role is in the management of a particular team/group that delivers services (you have no responsibility of caseloads).

Owner/Operator: An individual who is the owner of a practice site and who may or may not manage or supervise the operation at that site.

Service Provider: Direct Care: Major role is in the direct delivery of occupational therapy services, including case management and/or consultation, related to direct client care.

Service Provider: Professional Leader: Direct service provider with a leadership role in the professional practice, with a large caseload, within an employment setting.

Consultant (non-client care): Major role is the provision of expert guidance and consultation, without direct client care, to a third-party.

Instructor/Educator: Major role is as an educator of occupational therapy for a particular target group.

Researcher: Major role is in knowledge development and dissemination of research.

Salesperson: Major role is in the sales of health related services and products.

Quality Management Specialist: Major role is the assurance and control of the quality of procedures and/or equipment.

Practice Setting

Select the descriptor that will best identify the practice setting of where you will be providing service (whether an employee or self-employed) for each practice site. This is at the service delivery level. Service delivery level refers to the location where you will be directly engaged in your occupational therapy practice.

General Hospital: A health care facility that offers a range of inpatient and outpatient health care services, for example, medical, surgical, psychiatry, etc., available to the target population. Includes specialty hospitals not otherwise classified.

Rehabilitation Facility/Hospital: A health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

Children Treatment Centres (CTC): This centre is a community-based organization that serves children with physical disabilities and multiple special needs. The centre provides physiotherapy, occupational therapy and speech therapy along with other additional services.

Mental Health & Addiction Facility: A health care facility where the primary focus is the acute or post-acute, inpatient and/or outpatient, care of individuals with mental health issues and illness and/or addictions.

Residential/Long Term Care Facility: A licensed or regulated long-term care facility designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care facilities offer high levels of personal care and support. These facilities include nursing homes, municipal homes and charitable homes.

Assisted Living Residence/Supportive Housing: Refers to a non-institutional community setting that integrates a shared living environment with varying degrees of supportive services of the following types: supervision, housekeeping, personal care, meal service, transportation, social and recreational opportunities, etc. May have limited medical/nursing services available. Includes group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.

Community Health Centre (CHC): A community-based organization that may be the first-point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services, including occupational therapy. CHCs emphasize health promotion, disease prevention and chronic disease management based on local population health needs. The organization must be recognized as a CHC and there are currently 73 CHCs throughout Ontario.

Community Care Access Centre (CCAC): A local organization that assists its clients to access government funded home care services and long-term care homes. The organization helps people to navigate the array of community support and health agencies in their communities.

Visiting Agency/Client's Environment: A community-based agency or group professional practice/business focused on delivering health services including occupational therapy. The professional travels to one or more sites that may be the client's home, school and/or workplace environment to provide services, for example, Homecare or CCAC contracts.

Family Health Team (FHT): A Family Health Team is a group that includes physicians and other interdisciplinary providers, such as occupational therapists, nurse practitioners, pharmacists, mental health workers, and dietitians. The FHT provides comprehensive primary health care (PHC) services. The FHT provides services on a 24/7 basis through a combination of regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The FHT emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The FHT must enroll patients. The group must be recognized as a FHT and there are currently 186 FHTs in Ontario.

Independent Health Facility: Refers to a stand-alone facility or clinic offering specialized or broadly-based imaging services.

Nurse Practitioner Led Clinic: This clinic is led by a nurse practitioner and provides primary health care in collaboration with family physicians, and other interdisciplinary health care providers. The focus of the clinic is on comprehensive primary health care services in areas where access to family health care is limited.

Group Professional Practice Office/Clinic: A community- based group professional practice/business or clinic (not already noted) organized around the delivery of primarily onsite health services, including occupational therapy, by a group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved, however, the health professionals are the focus of service provision.

Solo Practice Office: A community-based professional practice/business organized around the delivery of occupational therapy health services, by a single professional. Administrative support staff may also be involved, however, the health professional is the focus of service provision.

Post-Secondary Educational Institution: A post-secondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of occupational therapy education.

Preschool/School System/Board of Education: A primary, elementary or secondary school (or equivalent institution), or the associated school board (or equivalent entity) that has responsibility for the governance and management of education funding issued by provincial governments.

Health Related Business/Industry: A business or industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development or the selling of health-related products, for example, medical device companies.

Group Health Centre (Sault St. Marie): An interdisciplinary practice in Sault Ste. Marie that includes physicians, nurse practitioners, dietitians, pharmacists, physiotherapists, and many other providers. The group provides comprehensive primary health care (PHC) services. The services are provided on a 24/7 basis through a combination of regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The group emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The group must enroll patients.

Cancer Centre: A facility that specializes in services related to the treatment, prevention and research of cancer.

TeleHealth Ontario and Telephone Health Advisory Services: A program that provides free, confidential service that provides Ontario residents with easy access to health information.

Board of Health/Public Health Laboratory/Public Health Unit: A public health laboratory or official health unit that administers health promotion and disease prevention programs to inform the public about healthy lifestyles, communicable disease control including education in STDs/AIDS, immunization, food premises inspection, healthy growth and development including parenting education, health education for all age groups and selected screening services.

Assoc./Gov't/Para-Government: An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/ territorial, regional or municipal level.

Correctional Facility: A stand-alone organization/facility that has as its primary focus the treatment and rehabilitation of persons detained or on probation due to a criminal act.

Other Place of Work: Place of work is not otherwise described.

Major Service

Select the descriptor that best represents the major focus of activities in which you primarily expect to provide services for each practice site. It is common for occupational therapists to work in a number of areas, however, you are requested to select only one area that best represents the majority of your practice.

Mental Health and Addiction: Services provided to clients with a variety of mental health issues or addictions that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

General Service Provision: Services provided primarily to clients with a variety of general physical health issues requiring interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

Vocational Rehabilitation: Services provided with the purpose of enabling clients to participate in productive occupation(s).

Palliative Care: Services provided primarily to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

Public Health: Services are provided primarily with the purpose of improving the health of populations through the functions of health promotion, health protection, health surveillance, and population health assessment.

Other Areas of Direct Service/Consultation: Area of direct service/consultation not otherwise identified.

Administration: Focus of activities is on the management of services, or the development of policy and/or programs.

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Client Service Management: Focus of activities is the management of client services across the health care continuum, specifically the coordination of multiple services as required for client care.

Consultation (Medical/Legal): Expert consultation is provided on the profession related to medical and/or legal matters, expert witness, associated with client care.

Post-Secondary Education: Focus of activities is directed at providing post-secondary teaching to individuals registered in formal education programs.

Research: Focus of activities is in knowledge development and dissemination of research including clinical and nonclinical.

Emergency: Care provided to patients who have immediate medical problems, frequently before complete clinical or diagnostic information is available, in a comprehensive emergency department or an urgent care centre.

Infectious Disease Prevention and Control: Services are provided to primarily prevent and control healthcare associated infections and other epidemiological significant organisms. This includes providing services to reduce the risk, spread and incidence of infections in populations. This includes pandemic planning.

Chronic Disease Prevention and Management: Services are provided primarily to address chronic diseases early in the disease cycle to prevent disease progression and reduce potential health complications. Diseases can include diabetes, hypertension, congestive heart failure, asthma, chronic lung disease, renal failure, liver disease, and rheumatoid and osteoarthritis.

Cancer Care: Services provided primarily to clients with a variety of cancer and cancer related illnesses.

Comprehensive Primary Care: Services provided primarily to a range of clients, possibly at first contact, to identify, prevent, diagnose and/or treat health conditions, for example, oral care, foot care, etc.

Sales: Focus of activities is in the sales and/or service of health related apparatuses or equipment.

Quality Management: Focus of activities is on the assurance of the operational integrity, based on compliance with staffing, technical and organizational requirements.

Other Areas of Practice: Other area of employed activity not otherwise described.

Client Age Range

Select the descriptor that best describes the client population that you most oft en work with for each practice site.

Preschool Age: Clients that are between the ages of 0 and 4 years, inclusive.

School Age: Clients that are between the ages of 5 and 17 years, inclusive.

Mixed Paediatrics: A range of clients that are between the ages of 0 and 17 years, inclusive.

Adults: Clients that are between the ages of 18 and 64 years, inclusive.

Seniors: Clients that are 65 years of age and older.

Mixed Adults: A range of clients that are 18 years and older, including seniors.

All Ages: Clients across all age ranges.

Other: Direct service is not associated with one main age range of clients.

Funding Source

Select the descriptor that best identifies the major source of funding for each practice site.

Public/Government: The public sector is the main source of funding for employed activities.

Private Sector/Individual Client: A private sector entity or an individual client is the primary source of funding for employed activities.

Public/Private Mix: Funding for employed activities is derived from a mixture of public and private sources.

Other Funding: Funding source not otherwise described.

Auto Insurance: Funding source is through auto insurers.

Other Insurance: Funding source is through long-term disability, extended health or WSIB coverage.

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Professional Registration

Occupational Therapy Registration in Other Jurisdictions

All registration/licenses that you hold or have held must be declared and full details must be provided. A Regulatory History Form must be completed by each regulatory body and sent directly to the College. Information on professional memberships such as OSOT and CAOT, is not required here.

If you hold a professional license or certification with a regulatory authority that is not linked to any one state/ province, to answer this question online choose the option of 'Other', or indicate the province/state where the regulatory authority holds office, for example, National Board for Certification of Occupational Therapy (NBCOT) – Maryland.

Other Regulated Health Professions

This section is related to registration/licenses in regulated professions other than occupational therapy that you hold or have held, for example, physiotherapy, social work, teaching.

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Occupational Therapy Practice History

Initial Practice Information and First Canadian Practice Information

Please answer the questions to the best of your ability. The definitions below will assist in providing clarification.

First country of OT practice: The first country in which you began practicing occupational therapy after completing your occupational therapy education.

First province, territory or state of OT practice (Canada or USA only): The first province, territory, or state in which you practiced occupational therapy.

First year of OT practice: The first year in which you began practicing occupational therapy.

First Canadian location of OT practice (province/territory): The first Canadian province/territory in which you began practicing occupational therapy after completing your occupational therapy education.

First year of OT practice in Canada: The first year in which you began practicing occupational therapy in Canada.

Most Recent Non-Ontario Practice Information

If you have never practiced occupational therapy outside of Ontario, please select "Not Applicable" from each of the dropdown menus and proceed to the next page.

Last year of OT practice in jurisdiction outside of Ontario: The last year you practiced occupational therapy outside of Ontario, if applicable.

Last country of OT practice: Most recent previous country of occupational therapy practice in which the majority of employed/self-employed activity occurred, if applicable.

Last province, territory or state of OT practice outside of Ontario: Most recent previous province, territory, or state of occupational therapy practice in which the majority of employed/self-employed activity occurred.

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Suitability to Practise

The purpose of the suitability to practise requirement includes the protection of the public, the maintenance of high ethical standards, and the maintenance of public confidence in the profession. You will be required to answer a series of questions on the application about your suitability to practise occupational therapy. The questions pertain to:

- occupational therapy practice;
- practice of other professions;

- offences;
- bail conditions or restrictions; and,
- your ability to practise occupational therapy safely and ethically.

For detailed definitions of the terms contained in these questions, please refer to the glossary located on the top right hand corner of the online application page.

Beginning April 1, 2017, applicants must submit a Vulnerable Sector (VS) Check as part of their application for registration for with the College. The College uses the results of the VS Check to verify information pertaining to offences; bail conditions or restrictions; and any other relevant conduct.

Depending on where you live, it may take 1 to 12 weeks, or longer, to obtain the results of a VS Check. As registration will not be issued until results are received, we suggest applying for the VS Check well in advance of your required registration date.

Please note, if you do not register within six months of the date the results were issued by the police, you will be required to submit an updated VS Check. Please see the following section of our website for full details: https://www.coto.org/memberservices/applicants/vulnerable-sector-checks.

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Professional Liability Insurance and Examination

Professional Liability Insurance

The requirements for professional liability insurance are set out in Part 19 of the College bylaw, insurance must include a sexual abuse therapy and counselling fund endorsement.

The College is not affiliated with and does not endorse any insurance provider.

The College has confirmed that the insurance coverage offered (as of August 1, 2017) by the Canadian Association of Occupational Therapists (CAOT), the Ontario Society of Occupational Therapists (OSOT) and Aon Healthcare Advantage meets the College requirements.

Insurance may be purchased elsewhere, however, evidence of the policy content that demonstrates it meets the College's requirements must be sent to the College for review prior to acceptance.

Examination

If you are applying for general registration, you must successfully complete the exam. Exam results are sent directly to the College by CAOT.

If you are applying for a provisional registration, you must register with CAOT to sit the first available exam and send confirmation of exam registration to the College.

If you have already passed the exam, please provide the date of completion.

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Authorization and Registration Declarations

Please read the declarations carefully. Agreeing to the Registration Declaration indicates that all information that you provide is true and accurate. False statements brought to the attention of the College can lead to the revocation of any registration granted to you. Agreeing to the Authorization Declaration provides the College with the authorization to contact third parties to verify your information.

Both questions must be answered. Once you complete this page and pay the application fee you will no longer be able to access your application. Please ensure that your application is complete before you proceed to the payment page.

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Payment

Application and Registration Fees

Initially, you are only required to pay the applicable application fee, which is non-refundable. Once a complete application and supporting documentation has been received, you will be billed the applicable registration fee.

The College registration year is from June 1 to May 31. The registration fee is pro-rated each quarter for new applicants. This means that if you register with the College in its second, third, or fourth quarter, you will not be required to pay the full year registration fee. Please refer to the table below for a listing of College fees.

Fee Type	Definition	Amount	HST	Total
Application	Fee to process all new applications (+ returning applications where the currency requirement has not been met)	200.00	26.00	226.00
	Fee to process a reinstatement (returning applications where the currency requirement has been met)	40.00	5.20	45.20
Registration (New and Returning)	Full year (Jun 1 – May 31)	657.55	85.48	743.03
	Second Quarter (Sep 1 – Nov 30)	493.17	64.11	557.28
	Third Quarter (Dec 1 – Feb 28)	328.78	42.74	371.52
	Fourth Quarter (Mar 1 – May 31)	164.93	21.37	185.76

Payment Options

All fees are payable in Canadian funds and are subject to applicable taxes. Payment can be made by any one of the following:

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Online payment: Pay online with credit card or through the bill payments section of your financial institution's website. The College name can be selected from the list of payees available on major Canadian banking sites. Enter your applicant ID as your account number.

Other payment options: Credit card, cheque and money orders are accepted and must be mailed with the payment form available on the payment page of the application. Ensure your name and applicant ID are clearly marked. Partial payments and post-dated cheques are not permitted.

Refund Policy

The application fee is a mandatory, non-refundable fee. If you have paid a registration fee for which you are seeking a refund, contact the College to determine if you are eligible.

Registration Materials

Once you have met all the requirements for a Certificate of Registration you will receive written confirmation of your registration with the College via email. Approximately 4 to 6 weeks following that, a wall certificate and seal (where applicable), and Welcome Guide will be mailed to you.

If you have any questions regarding your application, please contact the Registration Department at 416-214-1177, ext. 224 or 1-800-890-6570. You may also contact us by email at **registration@coto.org.**

Confidentiality and Public Access to Information

In the course of carrying out its regulatory activities, the College of Occupational Therapists of Ontario collects, uses and discloses personal information in accordance with the *Regulated Health Professions Act, 1991*, and the *Occupational Therapy Act, 1991*. While these regulatory activities are not of a commercial nature and therefore not subjected to the federal Personal Information Protection and Electronic Documents Act (PIPEDA), the College promotes the privacy of personal information in a manner consistent with its Privacy Code. The purpose for collecting the information on this application is to assist the College in pursuing its regulatory activities, for example, knowing where people work if a complaint comes in, planning quality assurance initiatives that will best assist members, and providing professional information such as registration status, work contact information to members of the public, and for national and provincial reporting for the purpose of health human resource planning.

While most information in the hands of the College is strictly confidential, the College is required and/or permitted by the *Regulated Health Professions Act, 1991* (Section 2, Section 23) and the College bylaws (Section 17) to make certain information about registrants available to the public. For more details or information that is available to the public, please contact the Manager of registration at:

College of Occupational Therapists of Ontario 20 Bay St, Suite 900, PO Box 78, Toronto, ON M5J 2N8 T 416.214.1177 • 1.800.890.6570 F 416.214.1173 E registration@coto.org www.coto.org

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