



REGULATORY HISTORY FORM

College of Occupational Therapists of Ontario
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AUTHORIZATION FOR RELEASE OF INFORMATION

Please note that verification of your registration in other jurisdictions is a requirement of registration in Ontario. If you hold (or have held) a registration or license in another jurisdiction, you must forward this form to the appropriate regulatory organization and have them complete it and return it directly to the College. Please make copies of this form if necessary. The completed form(s) must be returned to the College before your registration can be granted. Please note that some regulatory organizations may charge a fee for this service.

This section is to be completed by the applicant seeking registration in Ontario. This form must be signed using the digital signature option, or printed and signed in writing.

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 organization)

to answer the following questions on my regulatory history for the College of Occupational Therapists of Ontario.

Signature of applicant: _____ Date: _____
MM/DD/YY

Signature of witness: _____ Date: _____
MM/DD/YY

REGULATORY HISTORY

1. Has this person ever been licensed or registered to practice occupational therapy in your jurisdiction?

No Yes If yes, state dates of registration: _____

2. Are (or were) there any conditions/restrictions to his/her license or registration to practice occupational therapy in your jurisdiction?

No Yes If yes, please describe : _____

3. Has this person been the subject of any disciplinary action by your organization?

No Yes If yes, please describe the findings and the penalty: _____

4. Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time?

No Yes If yes, please explain: _____

Date

Signature of Registrar or Designate

Please
affix
seal

Name of Regulatory Authority

Address of Regulatory Authority

Telephone Number