



# Professional Committee Appointee Application Form

## Part A: Contact information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Employer: \_\_\_\_\_

## Part B: Eligibility Requirements

The COTO bylaws indicate that a Professional Committee appointee is eligible to sit on a Committee provided they meet specific criteria. Please review and check all that apply.

I hereby confirm the following:

- I practise and reside in Ontario
- I currently hold a valid general practising or provisional practising certificate of registration.
- I am not in default of payment of any fee.
- I have/will complete the College's orientation module.
- I am not subject of any disciplinary or incapacity proceeding in any jurisdiction.
- My certificate of registration has not been revoked or suspended, in any jurisdiction, in the six years preceding the date of application as a result of a professional misconduct, incompetence, or incapacity proceeding.
- My certificate of registration is not subject to any order, direction, or term, condition, or limitation imposed by a panel of the Discipline Committee, Fitness to Practise Committee, Quality Assurance Committee, or by a similar committee, in any jurisdiction.
- I have not been disqualified from a board or committee in the six years preceding the date of application.
- I am not present nor have been at any time within the past three years preceding the date of application a director, owner, board member, officer, or employee of any professional association.
- I have not resigned from the Board in the three years preceding the date of application.
- I do not have a conflict of interest to serve as a Professional Appointee and agree to remove any such conflicts of interest before my appointment.
- A court or other lawful authority has not made a finding of guilt against me to any provincial or federal offence.
- I have not initiated, joined, or materially contributed to a legal proceeding against the College or any Committee or representative of the College.
- I have not been an employee or paid consultant of the College in the six years preceding the date of application.

## Part C: Eligibility Requirements

Competencies are the knowledge, skills, and judgement required to perform the role effectively. The list of competencies to sit on a Committee can be found [here](#).

Please describe your knowledge of and experience in the following areas:

	Limited or basic knowledge and experience	Moderate knowledge and experience	Considerable training, knowledge and/or experience
<p><b>Leadership</b> Demonstrates confidence and good judgment in inspiring, motivating, and offering direction and leadership to others. Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques.</p>			
<p><b>Board/Governance/Committee experience</b> Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior Board or committee service. Clearly understands the distinction between the roles of the Board versus the role of management. Understanding the role of the regulator versus a professional association.</p>			
<p><b>Regulatory understanding</b> Knowledgeable and understanding of the regulatory environment required to meet legal, regulatory and governance requirements. Understands the public protection mandate of the College. Familiarity with the oversight of the occupational therapy profession in accordance with applicable legislation, regulations, bylaws, and policies.</p>			
<p><b>Risk management</b> Experience with, or able to demonstrate knowledge and understanding of the risk management framework for identifying, measuring, and managing significant risks and events that may impact the COTO's objectives.</p>			
<p><b>Stakeholder relations</b> An understanding of the concept of public interest and how decisions that are made in the public interest may be viewed by stakeholders. Board willing to see things from a variety of perspectives, and can listen, understand, and respond to others.</p>			

<p><b>Technological competence</b> Be able to work electronically in order to uphold security, privacy and efficiency of the College's work.</p>			
<p><b>Standards and scope of practice</b> Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.</p>			
<p><b>Systems perspective</b> Knowledge of the health care system, as well as practice and industry specific understanding. For example: models of care, scope of occupational therapy practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health care employers and various practice roles.</p>			
<p><b>Writing/editing</b> Experience in professional and academic writing and editing.</p>			
<p><b>Lived health care experience</b> Significant experience caring for someone with health challenges or maneuvering through the health care system.</p>			
<p><b>Ability</b> Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.</p>			
<p><b>Any other qualities or skills you would like to share for consideration?</b></p>			

a. Do you have experience reviewing and/or editing a significant number of documents electronically?

Yes      No

Please note that all Committees meet during regular business hours, from Monday to Friday, statutory holidays excepted. Are willing to be available during regular business hours?

Yes      No

Please indicate the amount of time per month you feel you can commit to the College.

2-4 hours/month      6-8 hours/month      8-12 hours/month

## Part D: Privacy Notice

The College of Occupational Therapists of Ontario collects, uses, discloses, stores, and retains personal information in compliance with the *Regulated Health Professions Act, 1991*, RHPA Procedural Code, and the *Personal Health Information and Protection Act, 2004*.

The personal information you provide when submitting this nomination application to COTO is being collected and will be used by COTO to assess your qualifications and suitability for the position you apply for as a potential board member.

For more information about COTO's privacy practices, please see the COTO website summarized [privacy policy](#).

## Part E: Equity, Diversity, and Inclusion

The following questions are included to support the College's commitment to equity, diversity, and inclusion. For the purposes of this survey:

- Francophone includes individuals who are proficient in the French language (speaking, writing, listening, and reading) and identify as part of the Francophonie.
- Indigenous persons include people who identify as First Nations (Status, non-Status, Treaty), Metis Inuit, Native or North American Indian.
- Racialized persons are people (other than Indigenous persons) who are non-white in colour and/or non-Caucasian in race, regardless of their place of birth or citizenship. (Sometimes referred to as "racially visible" or "visible minority").
- Persons with a disability are people who have a chronic, long-term, or recurring physical, sensory, mental, learning, or intellectual impairment that, in interaction with a barrier, hinders that person's full and effective participation in society.
- For the purposes of this survey, 2SLGBTQ+ includes people who identify as two-spirit, lesbian, gay, bisexual, transgender, queer or questioning, and additional sexual orientations and gender identities.

**Gender: How do you identify?**

- Male
- Female
- Non-binary
- Prefer not to answer

**Do you consider yourself to be a Francophone?**

- Yes
- No
- Prefer not to answer

**Do you consider yourself to be an Indigenous person?**

- Yes
- No
- Prefer not to answer

**Do you identify as a racialized individual?**

- Yes
- No
- Prefer not to answer

**Do you identify as a person with a disability?**

- Yes
- No
- Prefer not to answer

**Do you identify as 2SLGBTQ+?**

- Yes
- No
- Prefer not to answer

## **Part F: Resume**

Attach resume

Briefly describe your current area of practice:

## **Part G: Consent**

- By completing and submitting this application, I consent to my nomination as a candidate to sit on a Committee of the College of Occupational Therapists of Ontario, and affirm that all information and supporting materials, to the best of my knowledge, are complete and accurate. I authorize the College to verify any or all information provided by me to support my application.