



## Request for a Letter of Professional Standing

To request a letter of professional standing, please complete the following information and submit this request form to the College by fax, email or mail.

Fax: 416.214.0851  
Email: [registration@coto.org](mailto:registration@coto.org)  
Mail: College of Occupational Therapists of Ontario  
20 Bay Street, Suite 900,  
P.O. Box 78  
Toronto, ON, M5J 2N8

### Recipient Information

Organization Requesting Letter:

Street Address:

City:

Province/State:

Postal Code:

Country:

Phone:

Email:

### Registrant/Former Registrant Information

First Name:

Last Name:

Street Address:

City:

Province/State:

Postal Code:

Country:

Phone:

Email:

Date of Birth:

Registration Number:

### Information Disclosed in Letter of Professional Standing

#### General Information

- Name(s), including previous name(s) and name(s) used professionally
- Details about registration, membership or licensure with any other regulatory body inside or outside Ontario on file with the College



### Registration History

- Registration number(s)
- Certificates of registration and dates held
- Details of any suspension or revocation, including the reason for the suspension or revocation
- Details of any terms, conditions or limitations imposed on a certificate of registration that are in effect or outstanding

### Professional Conduct

- Details about any current proceedings and findings of professional misconduct, incompetence or incapacity
- Details about any existing charges, if known to the College
- Details of any finding of guilt for any offence, if known to the College
- Details of any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority known to the College
- Details of any caution-in-person and specified continuing education or remedial program (SCERP) resulting from an investigation
- Details about any acknowledgement and undertaking in effect
- Anything in the Registrar's opinion that is relevant to the person's suitability to practise, which may include:
  - information about open investigations,
  - complaints history,
  - compliance with registration requirements,
  - compliance with quality assurance program, and
  - outstanding dues, or other unfulfilled obligations.

### Authorization to Release Information

I, \_\_\_\_\_ have read this form's section Information Disclosed in Letter  
(registrant/former registrant's name)  
of Professional Standing, and I consent to the release of the information listed in that section to

\_\_\_\_\_. I, \_\_\_\_\_  
(name of organization requesting letter of professional standing) (registrant/former registrant's name)

acknowledge that the College has the ability to disclose this information pursuant to section section 36<sup>1</sup> of the *Regulated Health Professions Act, 1991*.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> <https://www.ontario.ca/laws/statute/91r18#BK37>