



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
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:

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 36¹ of the *Regulated Health Professions Act, 1991*.

Name: _____

Signature: _____

Date: _____

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