

**Labour Mobility Support Agreement (LMSA) Confirmation Form**  
**Part I: Authorization for Release of Information**

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

Date of birth (YYYY/MM/DD): \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Province of current registration: \_\_\_\_\_

Current registration number: \_\_\_\_\_

I \_\_\_\_\_ hereby

(your name)

authorize \_\_\_\_\_

(name of regulatory authority where you are currently registered)

to answer the questions on Part II of this form and provide the completed form and the following documents directly to the College of Occupational Therapists of Ontario.

- a copy of my occupational therapy degree and/or university transcript, or Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) Substantial Equivalency Assessment Systems (SEAS) Disposition Report, or Ordre des ergothérapeutes du Québec (OEQ) Equivalency Recognition Report, or other accepted evidence.
  - a copy of all credential evaluation reports or equivalents (if applicable)
  - a copy of all National Occupational Therapy Certification Examination (NOTCE) results
  - a copy of all regulatory history forms or equivalents
  - a copy of all formal language testing results or other accepted evidence
- I acknowledge that I must submit a Regulatory History Form to the College of Occupational Therapists of Ontario completed by the organization where I am currently registered, as part of this process.

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Individual))

Please note the following:

1. The regulatory authority where you are currently registered will charge a \$40.00 (+ HST) fee to complete this form.
2. If you are currently registered in more than one province, you should have the regulatory authority where you were initially registered complete the form.
3. If the regulatory authority completing the form does not have any of the required documents in your file, the College of Occupational Therapists of Ontario may ask you to produce them. This will not result in a reassessment of your education and/or training.
4. The College of Occupational Therapists of Ontario will make the final determination on your ability to register under Chapter 7 of the Canadian Free Trade Agreement.

**Labour Mobility Support Agreement (LMSA) Confirmation Form**  
**Part II: Questions Pertaining to Registration**

*Part II of this form is to be completed by the regulatory authority where you are currently registered.*

Individual's name: \_\_\_\_\_ Current regulatory authority: \_\_\_\_\_

**1.0 Current Registration**

1.1 Current category of registration: \_\_\_\_\_

1.2 Are there restrictions or conditions on the registration?  Yes  No

1.2.1 If yes, provide details: \_\_\_\_\_

**2.0 Practice in Current Jurisdiction**

2.1 This individual has practiced in your province:  Yes  No  Unsure

**3.0 Labour Mobility Support Agreement Transfer History**

3.1 This applicant transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement:  Yes  No

3.1.1 If yes, provide details of transfer (regulatory authority dates): \_\_\_\_\_

**4.0 Education**

4.1 Name of degree: \_\_\_\_\_

4.2 Name of educational institution and date degree granted: \_\_\_\_\_

4.3 Transcript attached:  Yes  No (provide reasons) \_\_\_\_\_

4.4 Degree or accepted evidence attached:  Yes  No (provide reasons) \_\_\_\_\_

**For Internationally Educated Occupational Therapists Only:**

4.5 Credential evaluation report attached:  Yes  No (provide reasons) \_\_\_\_\_

4.6 Education equivalence established through ACOTRO SEAS:  Yes  No

4.7 Education equivalence established through OEQ Equivalence Recognition:  Yes  No

4.8 Education equivalence established through provincial process (prior to SEAS):  Yes  No

4.9 Education equivalence established through other process (provide details):  Yes  No

## 5.0 Examination

Check the information that best describes this applicant's examination profile:

- Completion of the National Occupational Therapy Certificate Examination (NOTCE) is not a registration requirement for this regulatory authority.
- Completion of the NOTCE was not a registration requirement for this individual at the time of their registration (provide reasons): \_\_\_\_\_
- This individual successfully completed the NOTCE in (year) \_\_\_\_\_  
Documentation confirming this is attached.  Yes (go to 6.0)  No (provide reasons):  
\_\_\_\_\_
- This individual is scheduled to write the NOTCE on (date) \_\_\_\_\_  
Documentation confirming this is attached:  Yes (go to 6.0)  No (provide reasons):  
\_\_\_\_\_
- This individual has previously written and has been unsuccessful in passing the NOTCE.  
List all known attempts (dates): \_\_\_\_\_

## 6.0 Regulatory history

- 6.1 Historical regulatory confirmation(s) attached:  Yes  Not relevant for this individual  
 No (provide reasons): \_\_\_\_\_

## 7.0 Language Proficiency

- 7.1 Language proficiency is a requirement in this province:  Yes  No
- 7.1.1 If yes, language proficiency was confirmed in:  English  French
- 7.1.2 Formal language testing results or other accepted evidence are attached:  
 Yes  Not relevant for this individual  No (provide reasons)

The following documents are enclosed. Digital signature indicates a true copy of documents on file. Identify the regulatory authority housing the original document on file.

- a copy of one of the following:
  - occupational therapy degree (Original: \_\_\_\_\_)
  - university transcript (Original: \_\_\_\_\_)
  - ACOTRO SEAS disposition report (Original: \_\_\_\_\_).
  - OEQ equivalency recognition report (Original: \_\_\_\_\_).
  - other accepted evidence. (Original: \_\_\_\_\_).
  - a copy of all credential evaluation reports or equivalents (Original: \_\_\_\_\_).
- a copy of all credential evaluation reports or equivalents (Original: \_\_\_\_\_).
- a copy of all National Occupational Therapy Certification Examination (NOTCE) results (Original: \_\_\_\_\_).
- a copy of all regulatory history forms or equivalents (Original: \_\_\_\_\_).
- a copy of all formal language testing results or other accepted evidence (Original: \_\_\_\_\_).

\_\_\_\_\_  
Name of Registrar or Designate

\_\_\_\_\_  
Signature of Registrar or Designate

\_\_\_\_\_  
Date