



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.

- checkbox 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) Determination Report, or Ordre des ergothérapeutes du Québec (OEQ) Equivalency Recognition Report,or other accepted evidence.
checkbox a copy of all credential evaluation reports or equivalents (if applicable)
checkbox a copy of all National Occupational Therapy Certification Examination (NOTCE) results
checkbox a copy of all regulatory history forms or equivalents
checkbox a copy of all formal language testing results or other accepted evidence

checkbox I acknowledge that I must submit a Regulatory History Form to the College of Occupational Therapists of Ontario completed bythe 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 Determination 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 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