

THE COLLEGE OF OCCUPATIONAL THERAPISTS OF MANITOBA

7 – 120 Maryland Avenue Winnipeg, Manitoba CANADA R3G 1L1
Ph: (204) 957-1214 Fax: (204) 775-2340 E-Mail: OTinfo@cotm.ca www.cotm.ca

APPLICATION for TEMPORARY REGISTRATION

This category of registration is intended for occupational therapists who are registered (or licensed) to practise occupational therapy in another jurisdiction (another province or country) and who wish to provide occupational therapy services in Manitoba for a specific, limited, period of time. (ie, educators, consultants, researchers)

All visiting occupational therapists who intend to provide services to clients must be registered with the College of Occupational Therapists of Manitoba (COTM). COTM will tell you when we have processed your application and you are registered. It is illegal to practise any type of occupational therapy before you are registered in Manitoba.

PERSONAL INFORMATION		
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Family Name	Given Name(s)
Previous Names:		
Name you use on Professional Documentation:		
Full Address:	Home Phone:	
	Work Phone:	
	Postal Code:	E-mail:
Date of Birth ____/____/____ day month year	Female <input type="checkbox"/> Male <input type="checkbox"/>	

TEMPORARY EMPLOYMENT PLAN
I will be providing occupational therapy service in Manitoba from _____ to _____
I will be
<input type="checkbox"/> providing consultative OT service
<input type="checkbox"/> teaching with some direct client contact
<input type="checkbox"/> providing autonomous client care (assessment and / or intervention)
<input type="checkbox"/> participating in / conducting research
<input type="checkbox"/> providing service related to a public health emergency
<input type="checkbox"/> other
(provide details, course name, etc) _____

Contact person in Manitoba (regulated health professional or health related agency) _____

PROFESSIONAL REGISTRATION			
Have you registered previously with the College of Occupational Therapists of Manitoba (formerly AOTM) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, year of initial registration _____, registration number _____			
To be eligible for temporary registration, you must be registered (or have a license) to practise occupational therapy in another jurisdiction. (a) list the details below for each organization you are currently registered with (b) make as many copies as you need of the Regulatory History Form ; (c) complete the top section for each organization you have listed; and (d) ask the organization(s) to complete the bottom section of the form and send it directly to COTM.			
Regulatory Organization	Province/State and Country	License/Registration Number	Dates of Registration

PREVIOUS HISTORY and CONDUCT	
Do you have a physical or mental condition, disorder or addiction to alcohol or drugs that interferes with your ability to practise occupational therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an OT regulatory organization ever refused your registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been found guilty of professional misconduct, incompetency, incapacity or a similar issue in another place? Or are you now facing a proceeding for any of these?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been found guilty of professional misconduct, incompetency, incapacity or a similar issue in another profession in Manitoba or in another place? Or are you now facing a proceeding for any of these?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted or accused of a criminal offence for which you have not been pardoned? Or are you now undergoing a criminal investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you answered yes to any of the above, the College will contact you with information on how to proceed.</i>	

LIABILITY INSURANCE	
Every COTM member who provides clinical service must have liability insurance coverage to a minimum of \$5,000,000. Please check the box(es) that apply to you:	
<input type="checkbox"/> CAOT Insurance; expiry date _____	I will send a copy of my certificate with my application.
<input type="checkbox"/> My employer(s), _____	has adequate insurance coverage. I will send a letter from my employer that verifies I have proper coverage with my application.
<input type="checkbox"/> Other private insurance; expiry date _____	I will send a copy of the certificate with my application.
<input type="checkbox"/> I do not have liability insurance yet.	
I understand that I must have professional liability insurance coverage and I must make sure that I am covered for the service I will be providing as a member on the COTM Register of Temporary Members.	
	<input type="checkbox"/> Please initial

DECLARATION	
I hereby declare that, to the best of my knowledge, the information provided on this application and the attached documents is true, correct and complete in every respect. I agree to abide by <i>The Occupational Therapists Act and Regulation</i> and the By-laws and Code of Ethics of the College of Occupational Therapists of Manitoba.	
SIGNATURE _____	DATE _____

APPLICATION FOR TEMPORARY REGISTRATION CHECKLIST	
The College cannot proceed with registration until all required documents have been received. Check (√) the applicable boxes below to indicate which items are enclosed with your application.	
Before mailing, please ensure that you have enclosed the following required items:	
<input type="checkbox"/>	Completed, signed, and dated registration form. Be sure to complete all sections.
<input type="checkbox"/>	Copy of your current registration card(s) or license(s)
<input type="checkbox"/>	Regulator history from all OT regulatory organizations with which you are currently registered
<input type="checkbox"/>	Evidence of adequate malpractice insurance coverage
<input type="checkbox"/>	Temporary Registration Fee (\$50.00 per month).

FEES		
Application fee		No cost
Temporary Registration Fee		\$ 50.00 / month
Total enclosed	\$	
Please pay, in Canadian funds, by cheque or money order payable to the College of Occupational Therapists of Manitoba. A surcharge of \$30.00 will be charged on all NSF cheques. If according to the information provided, the register to which you apply does not seem suitable, the Registrar will contact you.		

January 2011

This is a legal document. Retain a copy for your files and send this **original** with **payment** to:
 The Registrar, COTM
 7 – 120 Maryland Street
 Winnipeg, Manitoba CANADA R3G 1L1