

REGULATORY HISTORY FORM

Authorization to Release Information

This section is to be **completed by the individual** seeking registration and licensure to practice as an occupational therapist in the province of Nova Scotia with the Nova Scotia Occupational Therapy Regulator (NSOTR).

| | | | |
|------------------------------|--------|-----------------|--------------|
| First Name: | | Last Name: | |
| Address: | City: | Province/State: | Postal Code: |
| Country: | Phone: | Email: | |
| Registration/License Number: | | | |

I, _____ have made an application for registration with the NSOTR.
(individual's name)

As part of the registration process, the NSOTR requires completion of a Regulatory History Form from each province/jurisdiction wherein I hold or have held a license or have been registered. I hereby consent to

and authorize and direct _____, to provide any information requested by the
(name of regulatory authority)

NSOTR, at my expense. I understand this means providing full disclosure of all information you have including, but not limited to the following:

- Details about registration, membership, licensure, or licensure with any other regulatory authority inside or outside Nova Scotia on file with your organization.
- Registration number(s), category of registration, and registration status.
- Details of any term, condition or limitation imposed on a certificate of registration/licence that is in effect, or outstanding.
- Details of any suspension and revocation, including the reason for the suspension or revocation.
- Findings/outcome of professional misconduct, unskilled practice/ incompetence.
- Limitations imposed due to incapacity/fitness to practice/health conditions, or similar issue.
- Details about any current proceedings (regulatory investigation/hearing).
- Details about any formal complaint or investigation where the outcome is anything other than a decision to take no action. This may include those that have yet to be resolved.
- Details about any acknowledgment and/or undertaking in effect (the act of acknowledging something or acknowledgment of a mistake and a commitment to do or not do something).
- Details about any other information regarding professional conduct on file that may be relevant to the application for registration as an occupational therapist in Nova Scotia, including the following:
 - Compliance with registration requirements.
 - Compliance with quality assurance programs or continuing competence requirements.
 - Outstanding dues, or other unfulfilled obligations.

Applicant Signature: _____ Date: _____

Regulatory History Confirmation

This section is to be **completed by the regulatory authority** and returned to:

Nova Scotia Occupational Therapy Regulator
registration@nsotr.ca

If you have questions about information to be contained in this form, please contact NSOTR directly at registration@nsotr.ca or 902-455-0556.

| General Information | | | | | |
|--|----------|--------|------------|-----------------|-------|
| Name(s) on file: | | | | | |
| Previous name(s) on file: | | | | | |
| The individual was/is licensed to practice as: <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other, please specify: _____ | | | | | |
| Other registration(s) known to the regulatory authority: | | | | | |
| Registration History | | | | | |
| Status | Category | Number | Start Date | Expiration Date | Notes |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1. Terms, conditions, or limitations in effect, or outstanding on their licence or practice: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | | | | |
| 2. Has this individual ever had their registration suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | | | | |
| 3. Has this individual ever had their registration cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | | | | |

Conduct & Concerns

4. Does this individual have any findings of professional misconduct or unskilled practice/incompetence?

☐ Yes

☐ No

If yes, please provide details:

5. Have there been limitations imposed on this individual's practice due to incapacity/fitness to practice/health conditions, or similar issue?

☐ Yes

☐ No

If yes, please provide details:

6. Is this individual currently facing a regulatory proceeding (regulatory investigation/hearing) for professional misconduct or incompetence?

☐ Yes

☐ No

If yes, please provide details:

7. Has this individual ever been the subject of a formal regulatory complaint or investigation where the outcome was anything other than a decision to take no action?

☐ Yes

☐ No

If yes, please provide details:

8. Is this individual subject to any acknowledgement and undertaking (the act of acknowledging something or acknowledgement of a mistake and a commitment to do or not do something)?

☐ Yes

☐ No

If yes, please provide details:

9. Has the individual been compliant with all registration requirements, e.g., maintained practice hours, maintained professional liability insurance, etc.?

☐ Yes

☐ No

If no, please provide details:

10. Has there been any indication that the individual has not been compliant with your regulatory authority's quality assurance program or continuing competence requirements?

☐ Yes

☐ No

If Yes, please provide details:



11. Does this individual have any outstanding or other unfulfilled obligations to your regulatory authority?

☐ Yes ☐ No

If yes, please provide details:

12. Is there any reason why this individual would not be entitled to be licensed or registered in your jurisdiction at the present time?

☐ Yes ☐ No

If yes, please explain:

13. Other information that may be relevant to the individual's suitability to be registered to practice occupational therapy:

Date: _____

Name of Registrar or Designate: _____

Signature of Registrar or Designate: _____

Name of Regulatory Authority: _____

Address of Regulatory Authority: _____

Telephone Number: _____

Please submit the completed form to:

Nova Scotia Occupational Therapy Regulator
registration@nsotr.ca

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