

Nova Scotia Occupational Therapy Regulator 202-1597 Bedford Hwy, Bedford NS B4A 1E7 P: 902-455-0556 Toll-Free: 1-877-455-0556 www.nsotr.ca

# **RENEWING YOUR LICENCE IN ALINITY**

# **Step-by-Step Guide**

Revised April 24, 2025

# Introduction

In order to continue practicing Occupational Therapy in Nova Scotia, NSOTR registrants must apply to renew their licence with the NSOTR each year. NSOTR's licensing year runs from **June 1 to May 31** each year. All licenses expire on **May 31** annually.

Renewal applications are completed entirely through the NSOTR's <u>online portal</u>. NSOTR accepts renewal applications between April 1 and May 31. However, **any renewal applications completed after May 15 are subject to a \$100 late renewal fee.** Registrants may also choose to surrender their licence if they do not plan to practice occupational therapy after May 31.

**Completing the renewal process requires time and attention.** As a part of the renewal process, you will complete the following steps **in order**:

- 1. Update your contact, professional, and employment information;
- 2. Enter your Continuing Competency Learning Activities for the current year and complete a learning reflection;
- 3. Complete a self-assessment form based on the <u>Competencies for Occupational</u> <u>Therapists in Canada;</u>
- 4. Create and enter new Learning Goals for the coming year;
- 5. Answer a series of declaration questions; and
- 6. Pay your registration fee(s).

It is important to make time to complete these forms carefully and mindfully, since they form an important part of your responsibilities as a regulated professional.

You do not need to complete all steps of the renewal process at once. You can save your work to come back to later. However, please ensure that you **save** your work before leaving any page or form so you do not lose information you have entered. If you **do not complete your renewal request by May 31, your licence will expire** and you will need to apply for re-licensure and pay any associated fees.

We **recommend using a computer for renewal if possible**, instead of a mobile device or tablet. A larger screen makes it easier to navigate between sections of the online portal and type your responses.

If you have any difficulty accessing the Portal or have any questions during renewal, please first check our <u>Frequently Asked Renewal Questions</u>. If you still need help, contact us at <u>admin@cotns.ca</u> or 902-455-0556 and press 1.

# Step 1: Create New Renewal Application

- 1. Log into your online portal: nsotr.alinityapp.com
- 2. On the main page, next to the heading "Practicing (General)", select "Request."
  - Complete My Renewal For 2025/2026



Note: registrants with Conditional Licenses will see "Conditional (Provisional)".

**Surrendering your Licence:** If you wish to surrender your licence, you can do it by clicking "Request" next to the "Surrendered" heading below Practicing.

3. You should now see the profile update form, which is the next step in the renewal process:





You can use this section to navigate to forms you have started or already completed if you need to make any corrections or come back later. This section will appear at the top of your Portal until your renewal request is complete and submitted.

# Step 2: Complete Profile Update Form

- This profile update form is the same as the profile update form that is available to registrants during the rest of the year. However, it has some additional questions, including concerning Currency Hours.
- **2.** Review your personal, contact, and education information and update if necessary.

# What if no answer matches my practice situation?

Some options or questions may not be relevant to your practice. Our expectation is that OTs will answer the questions to the best of their ability and **pick the option that best applies to them**. If you require clarification,

# WHY THESE SPECIFIC QUESTIONS?

We report data to the Canadian Institute of Health Information (CIHI) & the provincial government. They require us to report the data using specific datasets (a dataset is a guideline for how we collect and sort data) and the options in each section of our forms (such as contract type or your level of education, or the age range of your clients) are based on the dataset they give us.

#### however, check our **FAQ** or contact the Regulator.

#### TIPS:

- Phone numbers **MUST** be in the format "xxx-xxx" or "xxx-xxx extension xxx". Do not include text such as "N/A", as this will cause an error.
- We recommend using a personal e-mail for contact with the Regulator. Registrants are allowed to use a work e-mail, but this carries some risks:
  - Missed notifications or difficulty logging in, as previously mentioned
  - Confidential or personal correspondence sent to a work address
- If you notice any inaccuracies in your education section, please contact <a href="mailto:admin@cotns.ca">admin@cotns.ca</a>, since these must be manually fixed.

3. Answer new questions about Indigenous and Racialized Group Self-Identity. If you prefer not to answer these questions, you may select "Prefer not to answer." Based on your response, you may also be asked if you consent to be contacted by the Regulator for your perspective on regulatory issues as a racialized and/or indigenous person.

 Please check the racialized group(s) that best describe you (check all that apply):

 African Nova Scotian
 Black
 East Asian
 Indigenous
 Latin American
 Middle Eastern
 South Asian
 Southeast Asian

 White
 Other
 Do not know
 Prefer not to answer

**4.** Review your employment information, high-risk practice areas, and liability insurance information and update if necessary. You must change your Employment status, since these options have changed.

| 2024/2025 EMPLOYMENT |                               |
|----------------------|-------------------------------|
| * Employment status  | * Are you seeking employment? |
| - •                  | - •                           |

You must also update your employment information, even if your job has not changed, because we are collecting new information about employment.

#### **IMPORTANT TIPS:**

• There is an **employment record** for each employment (job) you have. Each record is linked to a specific employer. If you want to change your jobs, you need to add a new employment record and expire the old one.

Add Click here to add additional employment record(s)

- You expire an employment record by putting an end date in the "Leave or end date" field.
- Your full employment history is stored in our database but you can only see and edit jobs that you worked in during this year (from June 1, 2024 until May 31, 2025).
- If an employment record is completely wrong (you have never worked there and have no idea why it is listed, please contact <u>admin@cotns.ca</u>.

# A <u>detailed explanation of the questions and</u> <u>options in the employment section</u> can be found in our <u>FAQ</u> and <u>Definitions</u> at the end of this guide.

**5.** Declare the total number of Currency Hours you worked for **each** employment record in the past year:

More information on calculating currency hours can be found in our **FAQ**.

6. Tell the Regulator if you are registered or licensed to practice occupational therapy in another jurisdiction or licensed to practice another regulated profession. You do not need to add jurisdictions where you used to be but are not currently licensed.



If you are no longer licensed in one of the jurisdictions listed here, you can remove that jurisdiction by clicking "No" under "Are you maintaining or planning on maintaining your registration in this jurisdiction?"

| SSOT - Saskatchewan Society of Occupa   | itional Therapists                              |
|---|---|
| Registrant/License #                    | Effective date                                  |
|   | 2022-02-28                                      |
| Are you maintaining or planning on main | taining your registration in this jurisdiction? |
| ⊖Yes <b>O</b> No                        |   |
| * Expiry date                           |   |
| yyyy-mm-dd                              |   |

7. If you are satisfied that the information on this form is accurate and complete, click "Next."



You will know that your profile update has been saved if you see the following message in the upper right-hand corner of the screen:



### Step 3: Complete 2024/2025 Learning Plan

1. You will now see instructions for the 2024/2025 Learning Plan. You should already have entered in your Learning Goals and some activities for 2024/2025, but if not, enter in your **two** goals (and related learning activities) now.

| $\odot$      |         | 2                  | 3                             | 4                   |
|--------------|---------|--------------------|-------------------------------|---------------------|
| ofile Update | 2024/20 | 25 - Learning Plan | 2025/2026 - Learning Plan New | 2025/2026 - Renewal |
|              |         |                    |                               |                     |
|              |         |                    |                               |                     |

There are **three pages** in the Learning Plan: **Instructions**, **Goal 1**, and **Goal 2**. You can navigate between them by clicking on the tabs near the top of the page (above "INSTRUCTIONS")...



... or by clicking the **blue** buttons at the bottom of the page.



2. If you have **completed** your Learning Goal, you must record at least one learning activity for that Goal. To add an activity, click to blue ADD button under Learning Goals:



To delete an activity, you can click the small red trashcan icon:

| Add     | To add another activity, click | the ADD button.     |   |   |
|---------|--------------------------------|---------------------|---|---|
| Activit | у                              |                     |   | ā |
| Date    |                                | * Activity          |   |   |
| 2025    | -03-11                         | Conducting Research | ~ |   |
|         |                                |                     |   |   |

You also have the option to upload certificates or other proof of completion:

Upload certificate of completion, if applicable

1 Click here to upload a supporting document from your computer

Write a reflective evaluation for each of the Learning Goals you picked for 2024/2025 (the past year).

If you are applying for renewal and your Goal is still in progress: Please reflect on the progress you have made towards your goal, any challenges in achieving your goal, and how and when you plan to complete this goal, including any future learning activities.

**3.** Click "Next" when you have completed **all** sections of the 2024/2025 Learning Plan, or click "Save for later" if you want to pause here and continue at another time.

|      | < Goal 1 >     |
|------|----------------|
| Next | Save for later |

You will know that your information has been saved if you see one of the following messages in the upper right-hand corner:



# Step 4: Complete the Self-Assessment Tool

1. The "Next" button will take you automatically to your 2025/2026 Learning Plan. However, you will see the following message under your Goals, telling you to first complete a self assessment:

You are required to complete your self assessment. Please return to the home page and start a new self assessment.

2. To access the **Self-Assessment Tool**, <u>return to the Home Page of the Online Portal</u> by clicking on "Home" in the upper left-hand corner:



**3.** On the Home Page, click the + button next to "Self-Assessment Tool":

🗼 My Self Assessments

| Assessment           | ¢ | Date | \$<br>Status | ŧ |   |
|----------------------|---|------|--------------|---|---|
| Self-Assessment Tool |   | -    | Available    |   | + |

#### 4. Click "OK":

| renewal process and finish en<br>reflection for your Learning Go<br>Assessment Tool? | ering your learning activi<br>bals for the past year. Sta | ties and<br>rt Self- |
|--|---|----------------------|
|  |   | Connel               |

**5.** Rate your level of competence in each essential competency on the form, using the rubric provided. Your answers are saved **automatically.** 



The Self-Assessment Tool is for you to evaluate your own competence and identify areas for improvement. Honest and thoughtful self-assessment is an essential part of reflective practice and will help you set meaningful and impactful Learning Goals for your professional development.

Ensure that you give yourself enough time to reflect on your answer to each competency. We also recommend assembling and reviewing any peer or client feedback you received over the past year before starting.

The Self-Assessment Tool is mapped to the *Competencies for Occupational Therapists in Canada*. A learning module on the Competencies is available HERE.

6. When you are satisfied with your answers, click "Submit." After you hit "Submit" you will not be able to change your answers.



7. Based on your answers, select two areas to be the focus for your learning goals for the upcoming licensing year. Under "Learning plan", ensure the Self-Assessment will be applied to the upcoming year, not the current year, like so:

| _earning plan                                       |              |                    |
|---|--------------|--------------------|
| 2025/2026 - Started (not submitted)                 | ~            |                    |
| Show      Recommended      All                      |              |                    |
| ✓ ★ A7  | Occupational | Therapy Expertise  |
| Manage the assignment of services to assistants and | lothers      |                    |
| ✓ * F4  | Engagement w | ith the Profession |
| Show leadership in the profession throughout career | r            |                    |
|   |              |                    |
|   |              | Save goals         |

The learning plan automatically shows recommended competencies for learning goals based on your answers on the Self-Assessment Tool. However, if you prefer to target another area, you can click the "all" radio button to select one of those competencies:

```
Show 🔵 Recommended 💽 All
```

| A1   | Occupational Therapy Expertise |
|--|--------------------------------|
| Establish trusted professional relationships with clients            |                                |
|  |                                |
| A2   | Occupational Therapy Expertise |
| Use occupational analysis throughout practice                        |                                |
|  |                                |
| A3   | Occupational Therapy Expertise |
| Determine clients' needs and goals for occupational therapy services |                                |
|  |                                |
|  |                                |
| _ A4   | Occupational Therapy Expertise |
| Assess occupational participation                                    |                                |

When you have selected two competencies to target with your Learning Goals for the upcoming year, click "Save goals."



# Step 5: Complete 2025/2026 Learning Plan

1. Return to the Home page of the online portal:



2. Select "Update" under "2025/2026 Learning Plan".

| Home                     |                                     |   |                     |
|--------------------------|-------------------------------------|---|---------------------|
| 🕰 Complete Form          |                                     |   |                     |
| Ø                        |                                     | 3                                       | 4                   |
| Profile Update<br>Update | 2024/2025 - Learning Plan<br>Update | 2025/2026 - Learning Plan New<br>Update | 2025/2026 - Renewal |

**3.** Enter two new learning goals for the coming year based on the two competencies you identified for improvement using the Self-Assessment Form:

| LEARNING GOAL 1  |   |  |
|--|---|--|
| The following space is provide<br>Self-Assessment Tool as a refe | d for you to keep a record of all your professi<br>rence, develop your first learning goal and er | ional development and learning activities. Using<br>nter it below. |
| Time-Out Reminder: Please be                                     | e aware that the form will time out if it has no  | it been saved or submitted within 30 minutes.                      |
| * Professional Learning Goal: V<br>(Limit 1000 characters)       | Vhat new knowledge/goal do you want to ach  | ileve? (Use the SMART goal framework)                              |
|  |   |  |
| This goal is pertinent to the fol                                | lowing Domain:  |  |
| A. Occupational Therapy Expe                                     | rtise   | ~  |
| Specifically, the Competency:                                    |   |  |
| A7: Manage the assignment of                                     | services to assistants and others   | ~  |
| * Target Completion Date:<br>yyyy-mm-dd                          |   |  |
| * Learning Activities/Resources<br>select all that apply         | : What do I have to do and/or what do I need  | i to achieve my goal?  |
| Course   |   |  |
| Conducting Research  |   |  |
| Conference   |   |  |
| Collaborate with other OTs/col                                   | eagues  |  |
| Develop tool and resources                                       |   |  |

Registrants are required to submit two Learning Goals. It is important to set professional development goal(s) that are **"SMART"**:

**Specific** – Know exactly what you are striving for with enough detail to clearly define what you want to achieve. Is this goal precise and clear?

**Measurable** – Establish concrete criteria for measuring progress toward attainment of your goal. How would you know when you have reached your goal?

**Action-oriented** – The goal must require you to take action. An action-oriented goal produces results. What do you need to do?

**Realistic** – The goal is practical and can be achieved within available resources. The goal represents something you are willing and able to work towards.

Timely – The goal has a definite deadline/target date.

4. Click "Submit"

## Step 6: Renewal Form

1. The website should automatically take you to form 4. If not, click on the Renewal button. The status bar at the top of the screen should look like this:



- 2. Select whether you would like to renew your licence for one year (expiry date of May 31, 2026) or three months (expiry date of August 31, 2025).
- 3. Complete the Good Standing Questions and click the check box to indicate that you agree with the declaration.
- 4. Click "Submit."



5. You may receive an orange error at this point. This indicates that one or more corrections are needed on the Renewal Form **OR** the Profile Update Form. Some common errors are the following:



You have missed answering a mandatory question or entered an invalid answer on the Renewal Form. The problem area will be highlighted in **red**.

#### Incorrect Value(s) Entered

The phone number is not valid. Numbers must include the area code. International numbers must start with "011" and include a country code. [SID=1003757]

#### Incorrect Value(s) Entered

The email address is not a valid format. Ensure the address does not contain spaces.An "@" sign must separate the username and the domain. Example: john.doe@softworksgroup.com" [SID=1004073]

You entered a phone number or e-mail in the wrong format on the Profile Update Form. To fix this, click on "Update" under Profile Update in the status bar at the top of your screen. Then check all fields with phone numbers to make sure they have a correct format. Then click "Next" on the Profile Update form and "Next" on the Learning Goals form to return to the Renewal Form page. Click "Submit" again.

If you receive an error and cannot determine the cause, please contact <u>admin@cotns.ca</u> or 902-455-0556 and press 1.

### Step 7: Approval

**1.** If your application is successful, you should see the following notification in the upper right-hand corner:



2. However, some renewal requests must be reviewed by staff before you can pay your fees. If so, you will see a notification saying your renewal must be manually approved. We will notify you by e-mail when your renewal request is approved and you can pay your fees.

### Step 8: Pay your Fees

| nvoice  |  |  | 26-Mar-2025 #1004943<br>Reference: - |
|---|--|--|--------------------------------------|
| From  | То   |  |                                      |
| 202-1597 Bedford Hwy<br>Halifax, NS B4A 1E7<br>Canada   |  |  |                                      |
| Description   | -  |  | Total                                |
| License fee   |  |  | \$575.00                             |
|   |  | Subtotal   | \$575.00                             |
|   |  | HST  | \$0.00                               |
|   |  | Total due  | \$575.00                             |
| If paying by cheque click "Close" and send pay<br>your invoice number on your cheque. <u>Your fo</u><br>Split | yment to the College at<br>rm will not be processe | the address above<br>ad without paymen<br>Close Dowr | Please include<br>t.                 |

- **1.** If your renewal was automatically approved, you will go directly to the Invoice page (see above).
- 2. If you paid your renewal fees via payroll deduction through NHS or IWK, your invoice should be automatically paid by the system. If the system asks you to pay again, please do not pay and instead contact <u>admin@cotns.ca</u>.
- **3.** If your renewal was not automatically approved, once you received a notice that you can pay your fees, return to the Home page of the online portal. Under "My Invoices", click on the dollar sign next to the invoice for \$575.00.

| Invoices    |          |    | Include paid |    |    |
|-------------|----------|----|--------------|----|----|
| Date -      | Total    | \$ | Due          | \$ |    |
| 26-Mar-2025 | \$575.00 |    | \$575.00     |    | \$ |

- 1 invoice(s)
- 4. Once your payment is received, you will receive an e-mail from the NSTOR confirming that your licence has been renewed. If you do not receive an e-mail, contact the NSOTR to confirm your renewal.

### Congratulations, you have completed renewal!

### FREQUENTLY ASKED RENEWAL QUESTIONS:

I accidentally clicked on the wrong button and/or want to withdraw my renewal or surrender application.

Click on "Withdraw" at the bottom of the page. You will now be able to start over by selecting the same or a different renewal option.

#### I do not see the renewal button.

Try clicking the Home button (in the upper left-hand corner) or refreshing the page. You may also have already started renewal, in which case you can access your forms by clicking the relevant form at the top of the page.

#### Why can't I submit a profile update?

The profile update form is linked to the renewal form once you have started a renewal application. Complete and submit your renewal application to make the changes to your profile.

#### When do I need to add a new employment record?

When you move to a new job at a new organization/employer OR when you move to a new position with the same employer that will change one of the following:

- Employment Type
- Employment Role
- Primary Area of Practice

### How do I add a new employment record?

• Click the blue "add" button at the bottom of the Employment section.

Add Click here to add additional employment record(s)

• Under the organization field, you can search for an organization/location that matches your place of practice. Please note that some organizations, like NSH, have many locations and programs and are generally listed with the location name, not the specific department or program.

#### My organization is not listed in the employment section.

If your organization is not listed, you can enter the **name, address,** and **phone number** of the organization, with any other relevant information, in the field "My employer is not listed above". Please add as much information as possible – if we cannot identify the organization ourselves and do not have a physical business address, we will not be able to create it in our system.

### What if I work at multiple locations for the same organization?

Let's look at an example. Sue the OT has a single position with the NSH, but it requires her to work in two different hospitals (Amherst and Truro) on alternating days. Should Sue record one location at "full-time" for her job (the location where she works most often), or two locations "part-time"? It's not possible to perfectly capture everyone's unique employment situation, so we must compromise here.

In this case, we prioritize accurately reflecting your Employment Type "full-time." Sue would create a single Employment record at the NSH location that she works at <u>most</u> <u>often.</u>

### How do I expire/delete an employment record?

You cannot delete an employment record. If you no longer work at your employer, enter an expiry date. If the expiry date is in the current licensing year, it will continue to show up in your profile until May 31. If you are expiring an employment that you actually ended in 2023-2024 or earlier, it will be flagged automatically for us to correct manually on our end.

If an employment is completely wrong (you have never worked there and have no idea why the employment is listed), please contact <u>admin@cotns.ca</u>.

### Do I Need to Declare Higher-Risk Practice?

Registrants must indicate if they participate, in **any** capacity, in **any** of the listed higher risk practice areas. This includes registrants who only engage in this practice area on an infrequent basis, or those who only practice a component of the practice area.

For example, if you are utilizing a component of psychotherapy, such as CBT, you would be expected to declare that you use a psychotherapy approach in your practice.

### How do I calculate currency hours?

- For each employment, multiply the number of weeks you worked in 2024-2025 by the average number of hours worked per week.
- If you started working much more or much less at this employment during part of the year, calculate the hours separately for each period and add them together.
- Do not include periods you were on leave or on vacation in your calculation.

Example: Sue the OT:

- worked at NSH for **20** weeks **full-time** (35 hours/week) and then changed to a **part-time** job (10 hours/week) for the rest of the year
- picked up some **casual** shifts on weekends at Shady Grove Nursing Home over the whole year, averaging 4 hours/week.
- took four weeks of leave and vacation.

Sue would calculate her hours like this:

- NSH: 700 hours + 300 hours [(20 weeks x 35 hours/week) + (30 weeks x 10 hours/week)]
- Shady Grove Nursing Home: 200 hours (50 weeks x 4 hours)

Therefore, in the profile update section of her renewal form, Sue would record 1000 hours under the employment record for NSH and 200 hours under the employment record for Shady Grove Nursing Home, for a total of 1200 Currency Hours.

### Why do I need to upload Professional Liability Insurance again?

It is possible that you will be required to upload proof of liability insurance to Alinity if you have not previously uploaded liability insurance to the new system.

Even if we already have a copy of your insurance, you will need to upload a copy of **your liability insurance certificate** to proceed.

We require an insurance policy certificate in PDF format showing that your policy meets the required minimum coverage and legal expenses endorsement. We do not accept copies of receipts, CAOT membership cards, or screenshots as proof of insurance.

### Detailed Review of the Employment Fields:

**Employment Status:** Please select the option that best applies to you.

• "Employed" includes both employees and self-employed individuals.

#### Are you seeking employment?

• Are you currently looking to find employment or to change your current employment? Indicate if you are looking for work inside or outside of the OT profession.

#### **Employment Type:**

- Full-time: more than 30 hours/week.
- Part-time: less than 30/hours a week.
- Casual: employment on an as-needed basis, with employment that does not have a guaranteed or fixed number of hours per week.

**Preference:** This should be "by choice" if you are satisfied with your employment. For example, do not select "seeking full-time" if you already have full-time work.

Contract Type: Select the option that best describes your employment contract.

• "Self-Employed" applies to OTs who engage independently in the profession, operating their own economic enterprise, and who may or may not employ other OTs.

**Employment Role:** Pick between one and three roles that best describe your role and occupational therapy practice in this position.

- Your **primary** role is the one you spend the most time doing in this job, your **second** role is the one you spend the second-most time in this position, and so on.
- Most clinical OTs will be "Direct care providers." Descriptions of all the options can be found under **Definitions** below.

**Place of Work:** Pick between one and three options that best describe the location(s) where you practice.

- Your **primary** place of work is where you spend the most time practicing in this job, your **second** place of work is where you spend the second-most time, and so on.
- Descriptions of all the options can be found under **Definitions** below.

Multiple Sites: Indicate whether you work at more than one site of practice in this role.

• For example, this option allows you to indicate that you have a position that is based at "Halifax Hospital" but involves work at other locations, including "Dartmouth Primary Care Clinic", "Bedford Physio Clinic", or a client's home.

Solo Practice: Solo practice is defined as:

- where a registrant is the only OT practicing at their employment site, OR
- where a registrant primarily provides services remotely from other OTs, even where other OTs are employed with the same employer and connect remotely.
- If you work in a role with a title other than Occupational Therapist, and no counterparts in this role are OTs, this is also considered solo practice.

Virtual/Remote Care Delivery: Indicate whether you provide virtual/remote care.

• Virtual/remote care includes care via Telephone, Electronic Messaging, Videoconference, and Email.

**Primary Method of Care:** Pick between one and three methods of care delivery that describe the **majority** of your practice in this role.

- Some of the options are less used in OT practice, but are common in other health professions.
- List the method of care you use **most often** as the **primary** method of care, the method you use **second-most** often as the **second** method of care, and so on.

**Age Range:** Pick the option that best matches the **entirety** of your practice in this employment role (so if you treat mostly children but also a few adults from time to time, select "All Ages" instead of "Children").

**Funding Source:** Is your practice supported by public funds (e.g. NSH, IWK, etc.), private clients (private clinic, solo practice), or a mix of both?

• "Other" is an option, but almost all OTs are Public, Private, or Public/Private.

**Practice Areas:** Indicate the option that best describes your primary practice area in this role. Then select any additional practice areas for this role:

| * Primary Practice  | area 🕜          |   |
|---------------------|-----------------|---|
| Dermatology         |                 | ~ |
| Additional practice | areas           |   |
| Addiction service   | Cardiology      |   |
| Administration      | Chronic disease |   |
| Advocacy            | 🗸 Chronic pain  |   |

**Work phone/e-mail:** These fields are not required to be filled out. If you do, make sure that you format your numbers correctly xxx-xxx and include a valid e-mail.

# **DEFINITIONS:**

These definitions come from the Canadian Institute for Health Information's (CIHI) *Health Human Resources Minimum Data Set 2022 Data Dictionary*. NSOTR is required to use these categories when reporting information about occupational therapists to the government and CIHI.

**NSOTR recognizes that not all definitions may be directly relevant to Occupational Therapists.** There are many ways to describe and categorize OT practice, and these definitions may fit some Occupational Therapists better than others. We ask that you select the options that best match your practice situation in your judgement.

If you have further questions about these definitions, or if you would like assistance determining what options best match your practice, please contact the Regulator.

### CIHI Place of Work Definitions:

| Assisted-living residence                          | Centre where residents require nursing and personal care on a continuous basis, with medical service as required.  |
|--|--|
| Children's hospital                                | A health care facility that offers its services exclusively to infants, children, adolescents and young adults.  |
| Client's or patient's<br>workplace                 | Place of work with a primary focus on providing services to support health care in the client's or patient's workplace.  |
| Client's or patient's<br>home                      | Place of work with a primary focus on providing services to support health care in the client's or patient's home.   |
| Community health<br>centre                         | A community-based organization that may be the first point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services. |
| Community mental<br>health and addiction<br>centre | A community-based organization with a primary focus on<br>mental health and substance use services, including<br>assessment, treatment, education and support.               |
| Community pharmacy                                 | Retail setting where drugs and related products are distributed primarily through direct face-to-face client contact.  |

#### NSOTR Step-By-Step Renewal Guide

| Community pharmacy<br>corporate office | The head office of a community pharmacy chain or equivalent enterprise that directs community retail pharmacy operations.   |
|--|---|
| Correctional facility                  | A stand-alone organization/facility with a primary focus on treating and rehabilitating persons detained or on probation due to a criminal act.   |
| Dispatch location                      | A location where the provider is dispatched or assigned to provide service, including location for travel nurses.   |
| Educational institution                | A primary, elementary or secondary school (or equivalent<br>institution), or the associated school board (or equivalent<br>entity) that has responsibility for the governance and<br>management of education.   |
| General hospital                       | A health care facility that offers a range of inpatient and<br>outpatient health care services (medical, surgical, etc.) to the<br>target population. Includes specialty hospitals not otherwise<br>classified.   |
| Government                             | A national, provincial, territorial, regional or municipal organization operated or funded by the government.   |
| Group living                           | A place where people (most or all of whom are not related) live<br>or stay overnight and use shared spaces. Includes group<br>homes and shelters.   |
| Home office                            | A place designated in the provider's residence for official business purposes.  |
| Hospice                                | A health care facility that focuses on the palliation of a<br>terminally ill patient's pain and symptoms, and on attending<br>to their emotional and spiritual needs at the end of life.  |
| Industry, manufacturing and commercial | A health-related industry whose focus of activities is not the<br>direct delivery of health care services but rather the health of<br>workers, health-related product development or commercial<br>activity outside of the health care system entirely. |
| Long-term care facility                | A centre where residents require nursing and personal care on a continuous basis, with medical service as required. Includes  |

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residential care facilities, nursing homes and long-term care facilities.

- Military baseA facility directly owned and operated by or for the military or<br/>one of its branches, which shelters military equipment and<br/>personnel and facilitates training and operations.
- MultidisciplinaryA practice offering care in multiple health disciplines.

professional practice

- Nursing station andA community-based clinic offering a range of services tooutpost clinicpatients who require nursing treatment and education in self-<br/>care. This includes stand-alone centres that have regulated<br/>nurses as on-site managers and practitioners.
- Primary health careA medical office where primary care physicians (generalofficepractitioners or family physicians) or nurse practitionersprovide primary health care to patients.
- Professional associationA formal organization of practitioners of a given professionthat exists to act in the best interest of its members and to<br/>promote the profession.
- Public health unitA government, health facility or organization department that<br/>administers programs focusing on the 5 primary functions of<br/>public health: population health assessment, health<br/>surveillance, health promotion, disease and injury prevention,<br/>and health protection.
- **Psychiatric hospital** A specialty hospital that provides primarily for the assessment and treatment of service recipients who have short- and/or long-term psychiatric and substance use disorders.
- **Regulatory body**A legal entity that is set up to serve the public interest by<br/>regulating the practice of a profession.
- Rehabilitation facilityA health care facility/hospital that has as its primary focus the<br/>post-acute, inpatient and outpatient rehabilitation of<br/>individuals.
- **Satellite clinic** A facility owned by a hospital but operated at a distant site.

| Single-disciplinary professional practice | A health professional practice offering single-disciplinary care<br>(i.e. only Occupational Therapy) to patients, including<br>specialty and allied health.   |
|---|---|
| Union                                     | A formal organization of workers who have come together to<br>achieve common goals, such as protecting the integrity of<br>their profession; improving safety standards; and attaining<br>better wages, benefits (e.g., vacation, health care, retirement)<br>and working conditions through the increased bargaining<br>power wielded by solidarity among workers. |
| Other                                     | Place of work that is not otherwise identified.   |

### CIHI Employment Role Definitions:

| Administrator                        | Major role is to provide administrative support.   |
|--------------------------------------|--|
| Analyst                              | Major role is to analyze health care information to support policy planning and health system measurement.   |
| Case manager                         | Major role is to assist in the planning, coordination, monitoring<br>and evaluation of medical services for a patient. The emphasis<br>is on quality of care, continuity of services and cost-<br>effectiveness.   |
| Chief executive<br>officer/registrar | Major role is to determine and formulate policies and to<br>provide overall direction of companies or private-/public-<br>sector organizations under the guidelines set up by a board of<br>directors or similar governing body. Involved in the planning,<br>direction and coordination of day-to-day operations at the<br>highest level of management with the help of assistant<br>executives and staff managers. |
| Clinical specialist                  | Major role is to provide services as an advanced clinical practitioner, with additional roles of researcher, educator and/or administrator, per job description.   |
| Consultant                           | Major role is to provide advice on a given health care provider's profession and/or services. Includes applications specialists.   |

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| Coordinator                    | Major role is to work with health care professionals, medical staff and patients to manage a patient's health care plan.  |
|--------------------------------|---|
| Direct care provider           | Major role is the direct delivery of care and services, including case management and/or consultation.  |
| Director/assistant<br>director | Major role is an upper managerial/administrative position with little or no direct client service provision.  |
| Educator                       | Major role is as an educator for a particular target group.   |
| Manager/assistant<br>manager   | Major role is in management. Role may involve the management of a particular program, as in a first-level management position, up to a senior management position.  |
| Owner/operator                 | Major role is the day-to-day operation of a business. May include some direct client service provision.   |
| Professional leader            | Major role is to provide leadership in the professional practice in a direct care employment setting. Includes team leaders, head nurses and pharmacists in charge. |
| Researcher                     | Major role is in knowledge development and dissemination of research.   |
| Sales                          | Major role is in sales.   |
| Supervisor                     | Major role is supervising staff.  |
| Other                          | Position that is not otherwise identified.  |

### CIHI Method of Care Definitions:

| In person | Participation by direct action where participants are in the same location.   |
|-----------|---|
| Email     | Participation by text or diagrams transmitted over an electronic mail system. Includes secured or unsecured message transmission. Includes submission of photos or other images.  |
| Messaging | Participation by messaging, typically from a mobile phone or<br>mobile device through a cellular network or the internet.<br>Includes secured or unsecured message transmission.<br>Includes online chat and submission of photos or other<br>images. |

| Telephone       | Participation by voice communication where the voices of the communicating parties are transported over an electronic medium.   |
|-----------------|---|
| Videoconference | Participation by voice and visual communication where the<br>voices and images of the communicating parties are<br>transported over an electronic medium. Includes secured or<br>unsecured videoconference. |