

RE-ENTRY PROGRAM APPLICATION FORM

This form must be signed by the applicant, the supervising therapist, and the employer, and returned to NSOTR for approval.

This template includes all information which NSOTR typically requires in order to approve an application for the Re-Entry Program. However, NSOTR may request additional information before approving the supervision arrangement if necessary.

Completion of this form does not authorize an individual to engage in supervised practice or Re-Entry or imply that they are licensed with NSOTR.

SECTION A: Supervision Plan

Name of the Re-Entry Applicant:

Name of Employer(s):

Address of Practice Location(s):

Name of the Proposed Primary Supervisor:

Licence #:

Name of any Proposed Secondary Supervisor(s):

Licence #:

Reason(s) why multiple supervisors are required (if relevant):

Work and Supervision Schedule:

Instructions:

Provide information on:

- when and where the Re-Entry applicant will be working
- who will be the responsible supervisor (in the case of multiple supervisors)
- how the applicant will be supervised

You may use the template supervision schedule below. If necessary, attach multiple copies of this page. An example completed schedule is below.

If the work or supervision schedule of the Re-Entry applicant will change from week to week, provide:

- a complete schedule for at least the first two weeks
- a description of how the employer, supervisor, and Re-Entry applicant will ensure appropriate supervision

If the Re-Entry applicant will be treating clients in their homes, schools, or workplaces, indicate this:

- “Client Homes in X Area”, “Multiple Schools in X Area”, “Working From Home treating clients in X Area virtually”

Supervision Type Definitions:

On-site: A supervisor will be physically present at the same location as the supervised registrant during **all** the hours they are practicing.

Remote/Virtual: A supervisor will be working and available via phone, video, or e-mail during the hours the supervised registrant is practicing but will not be physically present at the same location.

Example Completed Schedule:

Day:	Hours:	Work Location(s):	Responsible Supervisor:	Supervisor's Location:	Supervision Type:
Monday Wednesday Friday	9am-5pm	Client Home Visits in Annapolis Valley	Stacy Fakename, OT	Client Home Visits/Valley Regional Hospital	In-person for first two weeks, then remote
Tuesday	9am-12pm	Valley Regional Hospital	Joe Sample, OT	Digby General Hospital	Remote
Tuesday	12pm-5pm	Valley Regional Hospital	Joe Sample, OT	Valley Regional Hospital	On-Site
Thursday	9am-5pm	Valley Regional Hospital, treating clients in the Annapolis Valley virtually	Testy McTesterson, OT	Valley Regional Hospital	On-Site

Proposed Work and Supervision Schedule:

Name of Re-Entry Applicant: _____ **Full-time Equivalency (FTE):** _____

Day:	Hours:	Work Location(s):	Responsible Supervisor:	Supervisor's Location:	Supervision Type:

Practice Areas and Work Responsibilities:

List the practice area(s) in which the Re-Entry applicant will offer OT services:

Will the Re-Entry applicant use any higher-risk practice approaches?¹

☐ No ☐ Yes (details): _____

Describe the Re-Entry applicant's proposed work responsibilities and role. If possible, please attach a copy of the formal job description to this form.

What percentage of your work (approximately) will be clinical OT practice (i.e. direct patient contact or related activities) versus non-clinical practice (research, administration, etc.):

Describe the context (physical location, facilities, etc.) in which the Re-Entry applicant will provide services to clients:

¹ Higher-risk practice approaches include, but are not limited to: psychotherapy, swallowing, manual & power wheelchair assessments, cost of future care assessments, driving assessments, electrical modalities, and adult decision-making/capacity assessments, splinting, or virtual care services.

Describe the demographics of the client population which the Re-Entry applicant will serve:

Supervision Activities:

How and when will the Re-Entry applicant receive feedback or guidance on their performance?

How will the supervisor confirm that the Re-Entry applicant is practicing safely and competently?
(e.g. observations (remote and/or in-person), evaluation of charting, caseload management, etc.):

What resources and supports will be provided to the Re-Entry applicant?

Communication in Urgent Situations

Who will the Re-Entry applicant contact if they require urgent clinical support?

Name		Reg #:	
Phone #:			
E-mail:			
Name		Reg #:	
Phone #:			
E-mail:			

Declaration:

In addition to the declarations contained in sections C and E of this form, I confirm that:

- I agree with and will abide by the details of the Supervision Plan described above.
- I will report any changes to the details or information in this Supervision Plan or to on the *Supervision Application Form* to NSOTR immediately, and if possible before those changes occur.

Signatures:

Re-Entry Applicant

Date

Secondary Supervisor

Date

Primary Supervisor

Date

Secondary Supervisor

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SECTION B: Applicant Questions

To be completed by applicant

Your application for Re-Entry will be considered by the Registration and Licensing Committee. To aid the Committee in their decision, please answer the following questions about your experience and future plans. If necessary, you may attach a separate letter.

Do you intend to continue practicing occupational therapy in the practice area(s) you identified on page 4 of this form long-term?

In which additional practice areas of occupational therapy, if any, do you anticipate or hope to practice in the future?

Describe any activities not included on your resume in which you have engaged since you last practiced as an OT which support knowledge or skills related to the practice of occupational therapy:

Please include any further information which you would like the Committee to consider in their decision:

SECTION C: Applicant Acknowledgement

To be completed by the Re-Entry applicant

I, _____ [name of applicant/registrant] understand that:

- I will be required to complete all requirements of the NSOTR Re-entry Program as a condition of my Conditional licence. These requirements may include:
 - A specified number of hours of supervised practice;
 - Review of Regulator documents, including but not limited to, legislation, regulations, competencies, and practice standards and guidelines;
 - Development and completion of a Learning Contract and supervision plan with my supervising therapist(s);
 - Completion of Regulator-approved examinations;
 - Any other requirements specified in the Decision Letter of the Registration and Licensing Committee as a condition of my participation in the Re-Entry Program.
- I must practice under Level 2 supervision until I have completed all requirements of the NSOTR Re-Entry Program, subject to the expectations in the *Re-Entry Guide*.
- I am only authorized to practice under supervision in an approved employment setting and may not practice elsewhere without written approval from NSOTR.
- I am responsible for ensuring NSOTR receives all required documentation from myself and my supervising therapist(s) related to my Re-Entry Program.
- I am responsible for notifying my supervising therapist(s) and employer(s) of any NSOTR requirements, conditions, restrictions, or deadlines related to my participation in the Re-Entry Program.
- I must notify NSOTR of any change to my approved supervision arrangement (including but not limited to my regular work schedule, practice location, or supervising therapist(s)) and receive written approval before continuing practice.
- Failure to meet NSOTR's expectations may result in the revocation of my conditional licence or approval of my Re-Entry supervision arrangement.

Signature		Date	
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Important Reminder: You may **not** begin working (including participating in orientation or training at the workplace) as an OT until you are licensed with NSOTR and have received written confirmation that they may begin supervised practice.

SECTION D: Employer Acknowledgement

To be completed by a representative of the organization which will be employing the supervised OT who has authority over employment decisions, such as the hiring manager, executive director, human resources manager, or department head:

I support _____ [name of Re-Entry applicant] engaging in Level 2 supervised practice as an employee of the below-named organization for the purpose of completing the requirements of the NSOTR Re-Entry Program, subject to any practice conditions, restrictions, or limitations imposed by NSOTR.

Name			
Employing Organization			
Job Title			
Phone #		E-mail	
Signature			Date

Desired start date of employment or supervised practice: _____

Please note that NSOTR cannot guarantee that the applicant will be licensed and approved for supervised practice by a specific date.

Important Reminder: *The applicant may **not** begin working (including participating in orientation or training at the workplace) as an OT until they are licensed with NSOTR and have received written confirmation that they may begin supervised practice and a licence number.*

SECTION E: Supervising Therapist Acknowledgement

To be completed by the supervising therapist. If there are multiple supervisors, each supervisor must complete a separate copy of this section.

I confirm that I will provide Re-Entry supervision for _____ (name of Re-Entry Applicant) so that they can complete the NSOTR Re-Entry Program. I further confirm that:

- I have support from my employer to act as a supervising therapist to a participant in the NSOTR Re-Entry Program **OR** I will directly employ the Re-Entry applicant.
- I understand that the Re-Entry Program requires **Level 2 Supervision** to support the Re-Entry applicant and protect the public. I agree to actively supervise and monitor all practice components of the Re-Entry applicant, including through regular, direct observation of practice, until they complete the Re-Entry Program.

I agree to:

- notify NSOTR immediately if there are any changes that impact my ability to supervise the Re-Entry Program applicant to the level required by the *Re-Entry Guide* and/or the Registration and Licensing Committee;
- adhere to the expectations of a supervising therapist per the NSOTR *Re-Entry Guide*.
- validate the Re-Entry applicant's record of completed supervised hours.
- promptly report to NSOTR in writing concerning the performance and conduct of the Re-Entry applicant upon request.
- provide the Re-Entry applicant and NSOTR with a midterm evaluation and final evaluation using the *NSOTR Supervision Evaluation Form*, in collaboration with any additional supervising therapist(s)
- if necessary, enter into a written agreement with NSOTR that defines additional obligations, procedures, or conditions for me to act as a supervising therapist.

Name			Licence #	
Employer				
Job Title				
I confirm that I will be practicing at the same physical location as the supervised registrant during the hours they will be practicing:				☐ Yes ☐ No*
Phone #		E-mail		
Signature			Date	

*If no, approval from the Registrar is required. Contact registration@nsotr.ca or 902-455-0556 for information.