



# **RENEWING YOUR LICENCE IN ALINITY**

## Step-by-Step Guide

Revised March 31, 2026

## Introduction

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

Renewal applications are completed entirely through the NSOTR's [online portal](#). 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.

**It is important to set aside time to complete renewal and give the process your full attention.** As a part of the renewal process, you will complete the following steps **in order**:

1. Update your contact, professional, and employment information;
  - *If you are required to submit a new Vulnerable Sector Check, you must upload it at this point.*
2. Finalize your Professional Development Plan for the current year by entering Learning Activities and completing a learning reflection for your Learning Goals;
3. Complete the Self-Assessment Tool, a quiz based on the [Competencies for Occupational Therapists in Canada](#);
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).

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, 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 [Frequently Asked Renewal Questions](#). If you still need help, contact us at [registration@nsotr.ca](mailto:registration@nsotr.ca) or 902-455-0556 and press 1.

## Step 1: Create New Renewal Application

1. Log into your online portal: [nsotr.alinityapp.com](https://nsotr.alinityapp.com)
2. On the main page, next to the heading “Practicing (General)”, select “Request.”

### Complete My Renewal For 2026/2027

Practicing (General) 

Choose this option to **renew** your licence for the upcoming licensing year. Click on "Request" to begin.

**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.

Surrendered

Choose this option to **surrender** your licence effective May 31. You will no longer be entitled to practice Occupational Therapy or use title in Nova Scotia until you receive a new licence from the Regulator. Click on "Request" to begin.

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

**PERSONAL**

*It is the registrant's responsibility to ensure the College has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.*

Registration #	Gender	Birth date	Age
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You will also see a summary of all the forms that are a part of the renewal process at the top of the page:

# NSOTR Step-By-Step Renewal Guide

## ↶ Complete Form



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 the Home Page of your Portal until your renewal request is complete and submitted.

## Step 2: Complete Profile Update Form

1. The Profile Update Form includes a few more questions during renewal than the rest of the year. In particular, we ask for you to declare the **currency hours** you completed for each of your employments over the past year.

### WHY DOES NSOTR COLLECT THIS DATA?

We report data to the Canadian Institute of Health Information (CIHI) & the NS Department of Health and Wellness (DHW). They require us to collect specific information about registrants and report the data using specific datasets (a dataset is a guideline for how we collect and sort data). The options on our Profile Update Form (such as “contract type” or the “age range” of your clients) are based on the datasets CIHI and DHW provide us.

2. Review your **personal, contact, and education information** and update if necessary, starting with this section:

#### PERSONAL

*It is the registrant's responsibility to ensure the Regulator has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.*

**TIPS FOR UPDATING PERSONAL INFORMATION:**

- Phone numbers **MUST** be in the format “xxx-xxx-xxxx” or “xxx-xxx-xxxx 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 [registration@nsotr.ca](mailto:registration@nsotr.ca), since these must be manually fixed.

**3.** Update your **employment information**, under the “2025/2026 Employment” field. This section should show **all organizations where you were paid to practice occupational therapy between June 1, 2025 and May 31, 2026**, including any organizations outside of Nova Scotia. If an employer is missing, you may need to add it (see below).

**2025/2026 EMPLOYMENT**

\* Employment status

Employed

\* Are you seeking employment?

Yes, in the Profession

***Double-check your “Employment Status”; it is important it is accurate!***

This year, NSOTR has added a **new mandatory field** to the employment section. We ask you to declare the average number of hours you **currently** work in each employment per week (not including any overtime). If your hours vary from week to week, enter the average over the past eight weeks.

\* Average hours per week/FTE

For example, a full-time employee might enter “40” or “37.5”, depending on their contract. A casual employee who worked 250 hours over the previous eight weeks would enter 31.3 hours (250/8).

*If your average hours change in the future, you can update this field at any point during the licensing year.*

### HOW EMPLOYMENT INFORMATION WORKS IN ALINITY:

- There is an **employment record** for each separate “employment” (job) you have. This record starts with the name of your employer or, for large organizations, the specific location that is your principal place of practice.

Dalhousie University, School of Occupational Therapy

LifeMark Health - Bayers Road

NSH - Halifax Infirmary QEII

- If you are **self-employed**, you can use the name of your company or choose the generic “Self-Employed” record. *(Please note: when NSOTR reports geographic data about where registrants work to government, we assume that all registrants who use the “[Self-Employed]” record primarily work from home or close to their home address. If this is not the case, you may want to request that we create a new organization in our system for you (see below)!*

[SELF-EMPLOYED]

- 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, 2025 until May 31, 2026).
- Each record is linked to a specific employer. **You cannot change the employer for an employment record.** If you have left a job or started a new one, you must add a new employment record and/or expire the old one.
- To **add** an employment record, click the blue “ADD” button. If the organization is not listed in our system, you can enter information about it and we will add it to our system for you!

**Add** Click here to add additional employment record(s)

If your employer is not available in the list above please enter the name, location and phone # here

- To **end** an employment record, put an end date in the “**Leave or end date**” field:

Leave or end date

yyyy-mm-dd

- If an employment record is completely wrong (e.g. you did not work there this year or at all and/or you have no idea why a specific employer is listed), please contact [registration@nsotr.ca](mailto:registration@nsotr.ca) to have it removed.

### HOW TO ANSWER THE EMPLOYMENT QUESTIONS:

- Our expectation is that OTs will answer the questions to the best of their ability and **pick the option that best applies to them**. Some options or questions may not be relevant to your practice.
- The options for each question apply to the vast majority of registrants. To improve our data quality, please avoid selecting “**Other**” wherever possible.
- A **detailed explanation of the questions and options in the employment section** can be found in our [FAQ](#) and [Definitions](#) at the end of this guide.

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

*Please enter the total currency hours for this employer from 01-Jun-2025 to 31-May-2026.*

*The number of hours can be 0 but cannot exceed 4000. Keep in mind that a whole number must be used.*

\* Practice hours ?

**Please note:** You must record currency hours for **each employment separately**. Do not enter your total Currency hours for all your employments multiple times. More information on calculating currency hours can be found in our [FAQ](#).

**It is very important to accurately report your currency hours.** Errors can lead to delays in the renewal process. The Regulator may request further information from registrants who report very high or very low Currency hours.

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5. Record any high-risk practice approaches which you use in any part of your practice. If you do not use any of these approaches, select “Not applicable”.

### HIGH RISK PRACTICE

*The following list presents practice approaches in occupational therapy that are identified as having a higher risk of harm to the public if not done with adequate knowledge, skill and judgment. Please identify whether you provide any of the following practice approaches in ANY of your practice areas.*

\* Practices Approaches (Select all the apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Swallowing                        | <input type="checkbox"/> Splinting                                 |
| <input type="checkbox"/> Manual wheelchair assessments     | <input type="checkbox"/> Adult Decision Making/Capacity Assessment |
| <input type="checkbox"/> Power wheelchair assessments      | <input type="checkbox"/> Use of psychotherapy approaches           |
| <input type="checkbox"/> Cost of future care assessments   | <input checked="" type="checkbox"/> Not applicable                 |
| <input type="checkbox"/> Driving assessments               |  |
| <input type="checkbox"/> Electrical Modalities (Tens etc.) |  |

6. Record 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.

[Add](#) [Click here to add another Occupational Therapy Jurisdiction](#)

If you are no longer licensed in one of the jurisdictions listed in this section, 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 Occupational Therapists

Registrant/License #

██████████

Effective date

2022-02-28

Are you maintaining or planning on maintaining your registration in this jurisdiction?

Yes  No

\* Expiry date

yyyy-mm-dd

7. If you are satisfied that the information on the Profile Update form is accurate and complete, click “Next.”

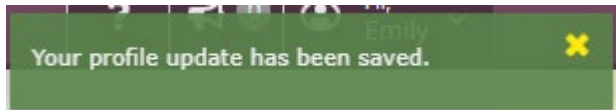
**NOTE:** You can also “Save” your work and come back to it later. **Important:** if you leave this page without clicking “Next” or “Save for later”, information you entered may be lost.

Next

Save for later

Withdraw

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 2025/2026 Professional Development Plan

1. You will now see instructions for the 2025/2026 Professional Development Plan (“Learning Plan”). Most registrants will already have entered their Learning Goals and some activities for the 2025/2026 year. This is your opportunity to finalize your goals, enter any additional learning activities, and reflect on your progress.

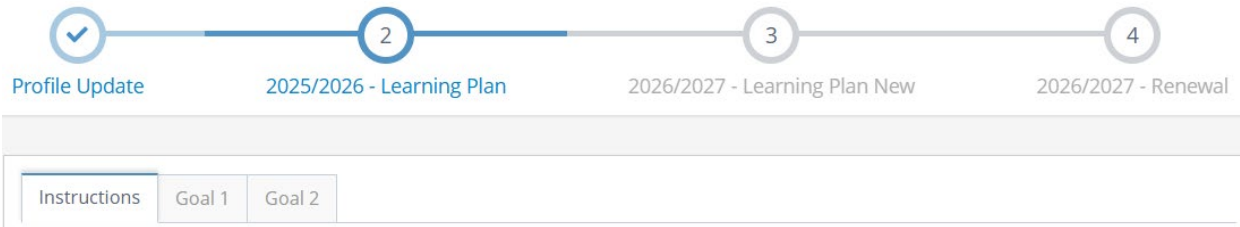
### **BUT WAIT, I HAVEN’T ENTERED ANY GOALS FOR 2025/2026!**

If you received your license (or were re-licensed) with NSOTR during the 2025/2026 year, you might not have yet entered your 2025/2026 Learning Plan. However, new registrants and re-registrants must still meet NSOTR’s [Continuing Competence requirements](#) by creating two Learning Goals and completing learning activities related to those goals during the 2025/2026 year. This form is an opportunity to describe what you have accomplished so far this year.

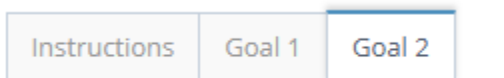
If you completed learning activities this year, such as courses, conferences, workshops, mentorship, or self-study, consider what goals these activities helped you achieve, and enter them on this form. Keep in mind that these goals should reflect your activities **over the past year**; in Step 4, you will create goals for next

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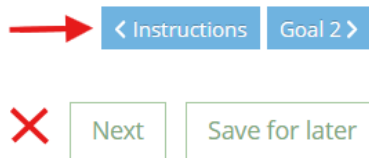
year (2026/2027). If you need help writing your goals or reflections or have any questions about the Continuing Competence Program or Learning Plan, contact [practice@nsotr.ca](mailto:practice@nsotr.ca).



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”)...

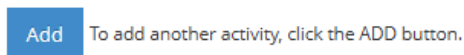


...or by clicking the **blue** buttons at the bottom of the page.



You can only click the “Next” button at the bottom of the page when you have completed **both Goal 1 and Goal 2**, otherwise you will receive an error message.


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



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

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**Add** To add another activity, click the ADD button.


**Activity** 

Date  \* Activity

\* Title  \* Organizer/Sponsor

You also have the option to upload certificates or other proof of completion and may complete a brief reflection on each learning activity:

### Upload certificate of completion, if applicable

 [Click here to upload a supporting document from your computer](#)

### Reflection

*The following space is provided for you to keep a record of all your professional development and learning activities. The most important part of your activity is the reflective evaluation of your learning and reflection requires time.*

(Limit 1000 characters)

0 / 1000

### **KEEP PROOF OF LEARNING ACTIVITIES IN YOUR RECORDS**

**Please note:** although it is not mandatory to upload supporting documents to your PDP form, you must retain any relevant documents related to your learning activities (i.e. certificates, receipts, transcripts, mentorship agreements, forms, etc.) **for a period of 5 years.**

**All registrants may be selected to participate in a Continuing Competence Audit.** If selected, you will need to provide information on your learning activities over the past five years, including proof of participation/completion. **We strongly recommend keeping your CCP records in an accessible place, such as a personal computer.** Some registrants who store their CCP records on a work computer have been unable to access those records when they change jobs or go on leave.

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### 3. If you have not already done so, write a reflection explaining how your learning activities related to your Professional Learning Goal:

#### Reflection

\* **Reflections:** Please reflect on how you anticipate your learning activities and resources will develop your skills, attitudes and/or judgment with your selected learning goal  
(Limit 1000 characters)

0 / 1000

### 4. Finally, complete a Goal Evaluation for each of the Learning Goals you picked for 2025/2026 (the past year). This self-evaluation is a key part of the Professional Development Plan and reflective practice, so take time to consider how the learning activities you completed this year have contributed to your knowledge and skills.

#### GOAL EVALUATION

One of the mandatory components of CCP is to complete a reflective evaluation of the learning goals you have chosen.

#### \* Goal status

Complete

**Reflections:** Please reflect on how your goal has helped you develop your skills, attitudes, and/or judgement in your practice. The reflective evaluation of your learning is a critical component of this process. Registrants are encouraged to dedicate adequate time to this important task, as thoughtful reflection requires careful consideration.

**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.

#### **If you are applying for renewal and your Goal is still in progress:**

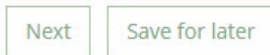
Please reflect on the progress you have made towards your goal, any challenges in achieving your goal, and how and when you plan to complete this goal, including any future learning activities. **You can still record completion of components of a larger learning activity (e.g. units of a year-long course).**

5. Ensure that you **click the checkbox** at the bottom right-hand side of **both** the Goal 1 and Goal 2 pages. This checkbox confirms that the information on the form accurately reflects your learning and professional development:

I confirm that I have reviewed the information on this page and it accurately reflects my learning and professional development towards this Learning Goal over the past licensing year. I understand that the NSOTR may review my Learning Goal and may verify or request further proof of my participation in any learning activities associated with this Goal.

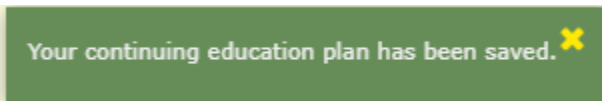


6. Click “Next” when you have completed **all** sections of the 2025/2026 Professional Development Plan (**both** Goals), or click “Save for later” if you want to pause here and continue at another time.

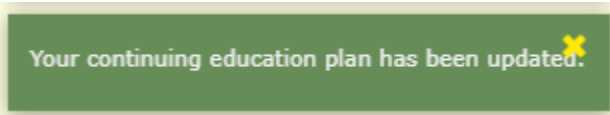


You will know that your information has been saved if you see one of the following messages in the upper right-hand corner:

**“Save for later”:**



**“Next”:**

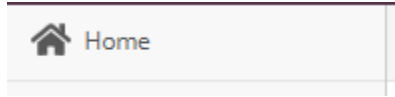


## Step 4: Complete the Self-Assessment Tool

1. The “Next” button will take you automatically to your 2026/2027 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**, return to the Home Page of the Online Portal by clicking on “Home” in the upper left-hand corner:



3. On the Home Page, click the green + button next to “Self-Assessment Tool” under “My Self Assessments:

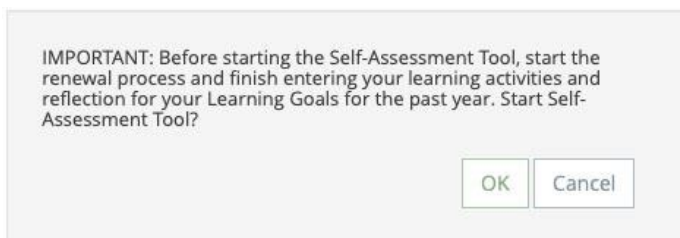
 My Self Assessments

Assessment	Date	Status	
Self-Assessment Tool	-	Available	
2026 Self-Assessment Tool	01-Apr-2025	Complete	

If you completed a Self-Assessment last year, your Portal will show a “**2026 Self-Assessment Tool**”. You can always click on this to see what your answers were last year.

Once you complete the Self-Assessment Tool it will show up as “**2027 Self-Assessment Tool.**” You do not need to complete the Self-Assessment Tool more than once.

4. Click “OK”:



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

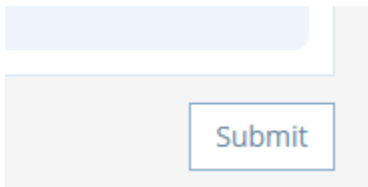
**ABOUT THE SELF-ASSESSMENT TOOL:**

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:

Learning plan

2026/2027 - Started (not submitted)



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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


<input type="checkbox"/> A1	Occupational Therapy Expertise
Establish trusted professional relationships with clients	
<input type="checkbox"/> A2	Occupational Therapy Expertise
Use occupational analysis throughout practice	
<input type="checkbox"/> A3	Occupational Therapy Expertise
Determine clients' needs and goals for occupational therapy services	
<input type="checkbox"/> A4	Occupational Therapy Expertise
Assess occupational participation	

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

Save goals

## Step 5: Complete 2026/2027 Learning Plan

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

 Home

2. Select “Update” under “2025/2026 Learning Plan”.

 Home

 Complete Form



**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 provided for you to keep a record of all your professional development and learning activities. Using the Self-Assessment Tool as a reference, develop your first learning goal and enter it below.

*Time-Out Reminder: Please be aware that the form will time out if it has not been saved or submitted within 30 minutes.*

\* **Professional Learning Goal:** What new knowledge/goal do you want to achieve? (Use the SMART goal framework) (Limit 1000 characters)

This goal is pertinent to the following Domain:

A. Occupational Therapy Expertise

Specifically, the Competency:

A7: Manage the assignment of services to assistants and others

\* **Target Completion Date:**

yyyy-mm-dd

\* **Learning Activities/Resources:** What do I have to do and/or what do I need to achieve my goal? select all that apply

- Course
- Conducting Research
- Conference
- Collaborate with other OTs/colleagues
- 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.** Write a reflection explaining how your learning activities will contribute to your Professional Learning Goal:

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Reflection

\* **Reflections:** Please reflect on how you anticipate your learning activities and resources will develop your skills, attitudes and/or judgment with your selected learning goal  
(Limit 1000 characters)

0 / 1000

5. Once both Goals are complete, Click “Next”

NextSave for later

## 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, 2027) or three months (expiry date of August 31, 2026).

**Please note:** if you select a 3-month term, your licence will expire on August 31 unless you surrender or request to change to a full-year term before that date. **It is your responsibility to be aware of your expiration date and request an extension before this deadline if you want to continue your licence;** set a reminder for yourself to follow up in early August if you think you might change your mind!

\* Term

Three month term June 1-Aug 31

\* You have selected a three-month licence term. This means your licence will expire on August 31 unless you request to change to a full-year licence term before that date. Check this box to confirm that you want to renew for only three months.

**3.** Complete the Good Standing Questions.

**GOOD STANDING DECLARATIONS**

Have you been refused registration in an Occupational Therapy Regulatory body?

\*  Yes  No

**4.** Answer a question about Professional Corporations. Only answer “yes” if you are a **corporate director, officer, shareholder, or owner** of a corporation that offers occupational therapy services. If so, enter the name of your corporation.

**CORPORATION**

\* Are you a director, officer, shareholder, or owner of a corporation which offers occupational therapy services?

Yes  No

\* You must enter the name of the corporation below.

*This is a new question for 2026/2027 renewal. The purpose of this question is to understand how many occupational therapists own or lead corporations that offer occupational therapy services.*

**5.** Click the check box at the bottom of the page to indicate that you agree with the Declarations:

◦ Completion of any required learning activities identified by the Regulator, if applicable.

\* I acknowledge and accept the above declaration

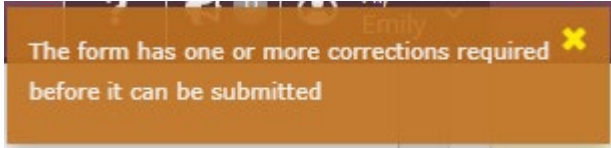
**6.** Click “Submit.”

Submit

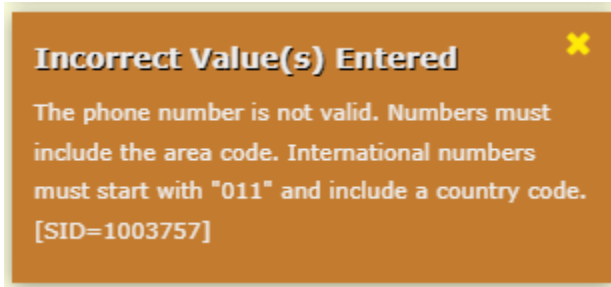
Save for later

Withdraw

7. 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**.



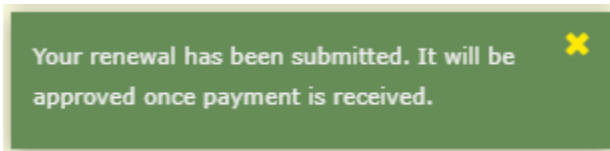
You entered a phone number or e-mail in the wrong format on the **Profile Update Form**. To fix this, click on "Update" under Profile Update in the status bar at the top of your screen. Then check all fields with phone numbers to make sure they have a correct format. Then click "**Next**" on the Profile 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 [registration@nsotr.ca](mailto:registration@nsotr.ca) 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:



If so, proceed directly to Step 8, below.

2. However, **some renewal requests must be reviewed by staff.** If so, you will see a notification saying your renewal must be manually approved:

**Your Renewal Application Has Been Submitted for Review**

Thank you for submitting your application for renewal. **Please note that the renewal of your license is not complete until you have made payment of your annual registration fees and received confirmation in writing from the Regulator.**

Your application requires approval by Regulator staff before you can pay your annual registration fees. Once we have reviewed your application, you will receive an e-mail from us either requesting additional information and edits or notifying you that you can now make payment of your fees.

**If you see this message, it means you cannot pay your licensure fees yet.** This is not a cause for concern, and there are many reasons applications may require staff review, including but not limited to:

- Name changes
- Very high/low currency hours
- Outstanding regulatory requirements (Vulnerable Sector Check, Continuing Competence Program Requirements)
- Validation errors (something needs to be fixed on our end)

**NSOTR will notify you by e-mail when your renewal request is approved.** At that point, you can pay your fees (see Step 8 below).

## Step 8: Pay your Fees

1. If your renewal was automatically approved, you will go directly to this Invoice page:

Invoice

26-Mar-2025 #1004943  
Reference: -

From: 202-1597 Bedford Hwy  
Halifax, NS B4A 1E7  
Canada

To: [Redacted]

Description	Total
License fee	\$575.00
Subtotal	\$575.00
HST	\$0.00
Total due	\$575.00

If paying by cheque click "Close" and send payment to the College at the address above. Please include your invoice number on your cheque. **Your form will not be processed without payment.**

Split Close Download receipt Pay

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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 contact [registration@nsotr.ca](mailto:registration@nsotr.ca) to confirm before paying.
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.

My 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, you should contact [registration@nsotr.ca](mailto:registration@nsotr.ca) to confirm that your licence has been renewed.**

**Congratulations, you have completed renewal!**

## Frequently Asked 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.

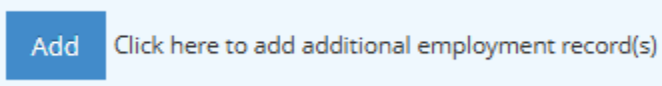
When do I need to add a new employment record?

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.



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- 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 **most often**. Sue would also check “yes” to the “Multiple Sites” question to show that she works at two locations.

### 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 [registration@nsotr.ca](mailto:registration@nsotr.ca).

## 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: 192 hours** (48 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 192 hours under the employment record for Shady Grove Nursing Home, for a total of 1192 Currency Hours.

## I am a student. Can I claim my studies towards currency?

Work experience and student research that is part of a formal degree program is **not** accepted towards NSOTR's Currency requirement. When declaring your Currency Hours at renewal, you may only declare hours of service that are:

- paid
- in the scope of occupational therapy not a requirement or part of a formal degree program

For example, a full-time PhD student who takes on a part-time research assistantship on occupational well-being to help pay for her education can count this experience towards her currency hours. However, the same experience would not be acceptable if it was required by her program for graduation or if it was part of her doctoral research.

## 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, including 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.

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**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.


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**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 

Additional practice areas

<input checked="" type="checkbox"/> Addiction service	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cognitive disorders
<input type="checkbox"/> Administration	<input type="checkbox"/> Chronic disease	<input type="checkbox"/> Critical care
<input type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Chronic pain	<input type="checkbox"/> Dentistry

**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-xxxx and include a valid e-mail.

**Average hours per week/FTE:** Declare the average number of hours you **currently** work in each employment per week (also called your Full-Time Equivalency (FTE). This number only includes your regular benefit hours, not any overtime.

If your hours vary from week to week, enter the average over the past eight weeks.

For example:

- a full-time employee might enter “40” or “37.5”, depending on their contract.
- a casual employee who worked 250 hours over the previous eight weeks would enter “31.3” hours (250/8).

## 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:

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

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

A facility directly owned and operated by or for the military or one of its branches, which shelters military equipment and personnel and facilitates training and operations.

### **Multidisciplinary professional practice**

A practice offering care in multiple health disciplines.

### **Nursing station and outpost clinic**

A community-based clinic offering a range of services to patients who require nursing treatment and education in self-care. This includes stand-alone centres that have regulated nurses as on-site managers and practitioners.

### **Primary health care office**

A medical office where primary care physicians (general practitioners or family physicians) or nurse practitioners provide primary health care to patients.

### **Professional association**

A formal organization of practitioners of a given profession that exists to act in the best interest of its members and to promote the profession.

### **Public health unit**

A government, health facility or organization department that administers programs focusing on the 5 primary functions of public health: population health assessment, health surveillance, health promotion, disease and injury prevention, 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 regulating the practice of a profession.

### **Rehabilitation facility**

A health care facility/hospital that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

### **Satellite clinic**

A facility owned by a hospital but operated at a distant site.

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

### CIHI Employment Role Definitions:

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

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<b>Coordinator</b>	Major role is to work with health care professionals, medical staff and patients to manage a patient's health care plan.
<b>Direct care provider</b>	Major role is the direct delivery of care and services, including case management and/or consultation.
<b>Director/assistant director</b>	Major role is an upper managerial/administrative position with little or no direct client service provision.
<b>Educator</b>	Major role is as an educator for a particular target group.
<b>Manager/assistant manager</b>	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.
<b>Owner/operator</b>	Major role is the day-to-day operation of a business. May include some direct client service provision.
<b>Professional leader</b>	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.
<b>Researcher</b>	Major role is in knowledge development and dissemination of research.
<b>Sales</b>	Major role is in sales.
<b>Supervisor</b>	Major role is supervising staff.
<b>Other</b>	Position that is not otherwise identified.

### CIHI Method of Care Definitions:

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

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### **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 voices and images of the communicating parties are transported over an electronic medium. Includes secured or unsecured videoconference.