

RE-ENTRY COMPETENCE INVENTORY FORM

Who completes this form?

This inventory form is completed by an applicant for registration and licensure or renewal of a licence who does not meet the Currency requirement and wishes to complete the Re-Entry to Practice process.

What is this form's purpose?

The information on this form helps NSOTR identify:

- The supports to competence which are available for your re-entry to practice
- Any risks that may need to be addressed, or be aware of for future self-management, so you are competent and confident in your re-entry to practice.

After NSOTR receives a completed copy of this form from you, we will schedule a **Registration Competency Evaluation (RCE)**. The RCE is an interview which helps NSOTR understand your learning needs, based on the *Competencies for Occupational Therapists in Canada*.

NSOTR will use the information on this form and the results of the RCE to help determine the conditions and requirements of your Re-Entry to Practice. Please note that NSOTR may request additional information to support our decision.

Privacy and Confidentiality

All responses and information on this form will be treated as confidential personal information and will be used, protected, and stored in line with the [NSOTR Privacy Policy](#).

Once complete, this form will be reviewed by NSOTR staff. This form and the results of the RCE may also be reviewed by the Registration and Licensing Committee if requested by the Registrar.

How long will it take to complete this form?

The Competence Inventory can take 45-60 minutes to complete. Reflective questions may take more time to answer. We will ask you for examples, which may take more time to describe or retrieve.

If necessary, you may attach one or more responses as a separate document.

Applicant Name: _____

Section 1: Return to Practice Plans

1. Have you located an employment position for Re-Entry to Practice?

- Yes**, I have been offered a position with a new employer and require licensure to start
- Yes**, I have been offered a position with a former employer and require licensure to start
- No**, but I have located a potential employer who wants to know the details of my Re-Entry to Practice requirements and conditions before offering employment
- No**, but I am currently looking for employment
- No**, but I plan to start looking for employment in the near future (6-12 months)

If **no**, skip to **Section 1.2** →

If **yes**, please complete **Section 1.1** below ↓

Section 1.1: Details of Proposed Employment

If you are proposing to work in more than one position, please complete this section once for each position.

2. Name of Employer:

3. Briefly describe the physical locations in which you will provide services to clients. For example: “General Hospital”, “Client’s Home”, “Community Health Centre”, “Multidisciplinary Private Practice”, “Home Office” (i.e. you work virtually).

Provide the address of the location where you will most frequently practice, if relevant:

4. Employment Hours and Type:

- Full-time permanent
- Full-time temporary
- Part-time permanent (specify FTE: _____)
- Part-time temporary (specify FTE: _____)
- Casual position (i.e. no guaranteed hours), either full-time or part-time

5. Describe your proposed role and work responsibilities:

If possible, attach a copy of the formal job description or advertisement to this form.

6. Describe the colleagues you will work with in this position and how you will connect with them (e.g. a team of occupational therapists, a multi-disciplinary professional team, etc.) Will you work with support personnel such as Occupational Therapy Assistants? Will you primarily connect with your colleagues in-person or virtually?

7. Describe the demographics of the client population you will serve (if relevant):

8. List all Clinical Areas of Practice in which you expect to practice in this employment position, from most to least frequent. (e.g. Mental health, pediatrics, general practice, geriatrics, physical medicine and rehab, hand therapy, etc.) Indicate the most recent calendar year in which you provided services to clients in this Area of Practice.

Area of Practice	# Years of Experience	Most recent experience (year)

Section 1.2: Desired Area of Practice

Complete Section 1.2 **only** if you have **not** yet been offered an employment position for Re-Entry to Practice.

For the following questions, **select all responses that apply to you.**

9. Desired Employment Hours:

- Full-time permanent
- Full-time temporary
- Part-time permanent
- Part-time temporary
- Two or more permanent part-time positions to achieve full-time hours
- Casual position (i.e. no guaranteed hours), either full-time or part-time

10. Describe the type of positions you are looking for or would be open to accepting in the occupational therapy profession (e.g. direct service provider, educator, administrator, care coordinator, etc.), **including your preferred practice settings and client populations** (e.g. “General Hospital”, “Client’s Home”, “Multidisciplinary Private Practice”, “School-Aged Children”, “Seniors”, “Adults – All ages.”)

Section 1.3: Long-Term Plans

12. Do you intend to continue practicing occupational therapy in the practice area(s) you identified in Section 1.1 or 1.2 of this form over the long-term (the next 5-10 years)?

- Yes
- No
- Unsure

13. List any additional clinical areas of practice areas of occupational therapy in which you anticipate practicing or hope to practice within the next 5-10 years:

14. Describe your long-term career plans (next 5-10 years; if unsure, note N/A):

Section 2: Practice Experience and Competencies

*Attach an up-to-date **copy of your resume/CV** including **all employment in the scope of occupational therapy** since graduation from your entry-to-practice program to present to this form, if you have not already provided this to NSOTR.*

15. Select the option that best describes the location of your past practice experience in occupational therapy:

- I have only practiced outside of Canada
- I have practiced in Canada, but not in Nova Scotia
- I have practiced in Nova Scotia and other provinces
- I have only practiced in Nova Scotia
- I never practiced occupational therapy after my entry-to-practice program

16. Select all options that apply to your past practice experience in occupational therapy:

- I provided in-person clinical services in an urban area
- I provided in-person clinical services in a rural area
- I provided virtual or remote clinical services
- I primarily practiced in non-clinical areas
- I never practiced occupational therapy after my entry-to-practice program

17. Some practice approaches in occupational therapy are identified as having a higher risk of harm to the public if not done with adequate knowledge, skill and judgment. From the list below, indicate the level of confidence you have in your competence to deliver these approaches safely, ethically and effectively.

If you are **not** seeking work in a practice setting requiring the use of these approaches, select N/A.

Higher-Risk Practice Approach	Not confident	Somewhat confident	Confident	Very confident	N/A
Psychotherapy*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power wheelchair assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual wheelchair assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of future care assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Modalities (Tens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You may explain your answers below (*optional*):

18. Review the following documents and rate your level of confidence in being able to apply these requirements and expectations upon your return to practice:

Even if you are familiar with any of the below documents, a careful review is still recommended, as they may have been recently updated. Please note that professional standards and regulatory requirements can vary between jurisdictions, so a document with a similar name from a different regulator may have different content.

Title of Document	Not confident	Somewhat confident	Confident	Very confident
NSOTR Code of Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Competencies for Occupational Therapists in Canada</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards for Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guideline for Assigning Service Components to Support Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards for Conflict of Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guideline for Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards for the Prevention of Sexual Misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards for Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard for the Sale of Appliances and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guideline for Scope of Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guideline for Social Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guideline for Virtual Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “not confident” or “somewhat confident” for any document, please explain your rating below:

19. Do you have any training and/or certification to perform higher risk activities or techniques requiring additional training beyond the entry to practice level? (e.g. reduce dislocation of a joint, hand therapy, vocational rehabilitation, medical/legal testimony)

- Yes**, and it's up to date.
- Yes**, but I need to update it and re-certify.
- Yes**, but I am not sure if it's expired.
- Yes**, but I do not plan to return to a practice setting where it is relevant to my practice.
- No**, but I am looking into positions where this may be required.
- No**, and the positions I will be returning to do not require it.

*If you answered **yes**, please describe your additional training and/or certification(s):*

Section 3: Return-to-Practice Risks and Supports to Competence

Please take your time in completing this section. It requires you to reflect on your current level of competence and confidence to return to practice, as well as other risks that may need additional supports to help make your transition as smooth as possible. You may also need to research what resources are available to support you.

20. Indicate any activities which you completed since you last practiced occupational therapy that supported you in maintaining your knowledge and skills related to occupational therapy. Select all that apply:

- professional development programs (e.g. workshops, courses, training sessions)
- attending conferences or professional meetings
- auditing or participating in formal education programs (e.g. degrees, certificates, etc.)
- self-study and reading
- unpaid observations of OT practice
- volunteer work

- paid employment (outside the scope of practice of occupational therapy)
- other activity (please specify below)

If any of the above options apply to you, please provide some examples below:

21. Select any of the following statements about your professional or regulatory history which apply to you. Your professional regulatory history with any other regulators will also be considered. This information will be shared or requested separately.

- I have been late on more than one occasion in renewing my registration/licensure.
- I have allowed a lapse in my liability insurance policy coverage.
- I have been late on more than one occasion in completing continuing competence or quality assurance program requirements.
- None of the above apply to me.

22. Competence Gaps

*Below is a list of the most frequently identified **competence gaps** for occupational therapists who are returning to practice or changing practice settings.*

- a. Updating knowledge and skills to match changes and advances in best practices, clinical techniques, therapeutic modalities, and available resources
- b. Adjusting to changes in communication practices, software, or technology (e.g. virtual meeting platforms, generative AI, Microsoft Office)
- c. Adjusting to the introduction of (or changes in) electronic client record systems
- d. Familiarizing oneself with updated or new reporting structures, health care team dynamics, and/or inter-professional relationships
- e. Managing the caseload demands of a new position
- f. Handling pressure to work beyond a personal or professional scope of practice (e.g. to perform tasks in which one is not competent or which do not fall in the scope of practice of occupational therapy).

For each common competence gap, indicate the **specific activities and supports** you will use to fill this gap. You can indicate “not needed” if it is not relevant to your intended area of practice or you feel a gap is not present.

Refer to the list on the previous page if you are unsure what is meant by each competence gap.

Competence Gaps	Self-study (e.g., reading, podcasts)	Mentorship/professional networks (outside my job)	Structured orientation activities (through job)	Formal supervision /peer mentorship (through job)	Formal learning activities (e.g. courses, workshops)	Not Needed
a. New/Updated skills and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes in communication technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic client record systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Updated/new reporting structures and health care team dynamics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Caseload management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Personal/professional scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You may indicate any additional supports to your competence which were not included in the above table in the space below (**optional**):

23. Please list all professional associations and/or area-of-practice organizations of which you are currently or were previously a member:

Name of Organization	Currently a Member? (Y/N)

24. Reflect on your past and present involvement with professional associations and/or area-of-practice organizations. Select all activities you have participated in within the past ten years:

- Attending local or virtual meetings
- In-depth reading of regular newsletters or journals
- Active review of evidence-informed content such as: podcasts, practice guidelines, webinars.
- Attending provincial, national, or international meeting/conference, including lectures, seminars, symposiums, and exhibitions
- Attending workshops or training sessions sponsored or hosted by the association or organization
- Participating on a committee or volunteering for the association or organization
- Speaking or presenting at provincial, national, or international meetings
- Participating actively in other structured professional association activities (please specify:)

You may provide additional information about your involvement with professional associations below (optional):

Section 3: Final Thoughts

25. If relevant, note any other factors that could support your competence and facilitate your return to practice:

26. Based on your completed Competence Inventory, select the answer that best describes your confidence in returning to practice and being able to provide safe, ethical, and effective care:

- I am confident that my current level of competence is sufficient to practice safely and effectively in my intended role and area(s) of practice. I could return to practice immediately.
- I am confident that my current level of competence is sufficient to practice safely and effectively in my intended role and area(s) of practice. However, I would require support and orientation to understand and meet my employer's administrative requirements (such as documentation, billing, referrals, etc.)
- I am confident that my current level of competence is sufficient to practice safely and effectively in most components of my intended role and/or area(s) of practice, but I would want to refresh my knowledge and skills either just before or soon after I return to practice.
- I would not want to return to practice until I had refreshed my knowledge and/or skills in components of my intended role and/or area(s) of practice.
- I would not want to return to practice until I had more information on what was required in my intended area of practice and could develop a plan for filling any gaps and set a realistic return to practice date.
- Having completed this Competence Inventory, I do not feel ready to begin a return to practice.