



2018 Renewal Application
Renewal Application Deadline: February 1, 2018

Personal Information		
Legal First Name	Legal Last name	Middle Name
Previous Legal Name (if name changed since graduation)		License #
Home Mailing Address (#, Street Name, City/Town, Postal Code)		Primary Telephone #
Work Email Address	Home Email Address	Secondary Telephone #

Renewal Status

- Full Unrestricted License Provisional License

License Resignation

Resign/Cancel License (please complete below):

I declare that effective _____ (dd/mm/yy) I will be resigning my License of Registration with the NLOTB. I understand that I will no longer be permitted to practice and/or use the title of Occupational Therapist (OT) in NL after the above noted date. I understand that if I wish to reapply for a License of Registration with NLOTB in the future, I must submit a new Registration Application Form and I will be subject to the registration requirements in place at the time of my application. I understand that I must be issued a License of Registration and registration number prior to returning to work and an occupational therapist in NL.

Last date of OT employment	Signature	Witness Signature
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Currency Hours (choose one of the following descriptions that best describes your currency hours)

- In the immediate past three years, I have worked at least 600 hours in occupational therapy
 I graduated within last 18 months
 I completed an approved Re-Entry to Practice Program in the past 18 months
 I do NOT meet any of the above currency requirements and require a review

Please provide employment information to reflect **your most recent occupational therapy practice hours**. If required, please attach a separate page to indicate how you meet the currency hour's requirement.

Employer			
Address			
Period of Employment		Total hours	

Education Update (complete if reporting new information since previous renewal)

Designation: Diploma Baccalaureate Masters Doctorate

Details: Field of Study _____ School _____ Year of Graduation _____

Employment Status (choose one of the following descriptions that best describes your current work situation)

- Employed as an OT Employed as an OT, but on leave
 Unemployed and seeking employment in OT Unemployed and not seeking employment in OT
 Employed but not as an occupational therapist

Primary Employment Information in NL		
Employer Name (Health Authority or Business Name if self-employed)		Address
Postal Code	Postal Code reflects site of Practice <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Secondary Employment Information in NL		
Employer Name (Health Authority or Business Name if self-employed)		Address
Postal Code	Postal Code reflects site of Practice <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Third Employment Information in NL		
Employer Name (Health Authority or Business Name if self-employed)		Address
Postal Code	Postal Code reflects site of Practice <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number

Employment Category (indicate one for each employment)			
Primary <input type="checkbox"/> <input type="checkbox"/>	Secondary <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	10 Permanent 20 Temporary 30 Casual 40 Self-Employed

Full/Part-Time Status (Indicate one for each employment including the average weekly hours per week)			
Primary <input type="checkbox"/> <input type="checkbox"/> @ ___ wk	Secondary <input type="checkbox"/> <input type="checkbox"/> @ ___ wk	Third <input type="checkbox"/> <input type="checkbox"/> @ ___ wk	10 Full Time @ # hrs per week 20 Part Time @# hrs per week

Position (Indicate only one for each employment)			
Primary <input type="checkbox"/> <input type="checkbox"/>	Secondary <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	10 Manager 20 Professional Leader/Coordinator
			30 Direct Service Provider 40 Educator
			50 Researcher 60 Other

Employment Type (Indicate only one for each employment)			
Primary <input type="checkbox"/> <input type="checkbox"/>	Secondary <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	
10 General Hospital	20 Rehabilitation Hospital/Facility	30 Mental Health Hospital/Facility	40 Residential Care Facility
50 Assisted Living Residence	60 Community Health Center	70 Visiting Agency/Business	80 Group Professional Practice/Clinic
	90 Solo Professional Practice/Clinic	100 Post-Secondary Education Institution	110 School or School Board
			120 Assoc/Government/Para-Governmental
			130 Industry/Manufacturing/Commercial
			140 Other

Area of Practice (Indicate on one for each employment)			
Primary <input type="checkbox"/> <input type="checkbox"/>	Secondary <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	
10 Mental Health	20 Neurological System	30 Musculoskeletal System	40 Cardiovascular/Respiratory
50 Digestive/Metabolic/Endocrine System	60 General Physical Health	70 Vocational Rehabilitation	80 Palliative Care
	90 Health Promotion and Wellness	100 Other Areas of Direct Service Provision	110 Service Administration
			120 Client Service Management
			130 Medical/Legal Related Client Service Mgmt
			140 Teaching
			150 Research
			160 Other Areas of Practice

Client Age Ranges (Indicate only one for each employment)			
Primary <input type="checkbox"/> <input type="checkbox"/>	Secondary <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	
10 Preschool (0-4)	20 School Age (5-17)	21 Mixed Pediatrics (0-17)	30 Adults (18-64)
			40 Seniors (65+)
			41 Mixed Adults (18-65+)
			44 All ages

Funding Source (Indicate only one for each employment)			
Primary <input type="checkbox"/> <input type="checkbox"/>	Secondary <input type="checkbox"/> <input type="checkbox"/>	Third <input type="checkbox"/> <input type="checkbox"/>	
			10 Public/Government
			20 Private Sector/Individual Client(s)
			30 Public/Private mix
			40 Other Funding Source
			45 Insurance Industry
			55 Other Insurance

Conduct and Professional Registration

If you answer "yes" to any of these questions, please provide additional information.

Practice of Occupational Therapy													
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been refused registration by an occupational therapy regulatory organization?												
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had a finding of, or are you currently facing a proceeding for, professional misconduct, incompetency, incapacity or a similar issue as an OT in another jurisdiction?												
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been found guilty of an offence related to the practice of occupational therapy?												
Practice Other Professions													
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had a finding of, or are you currently facing a proceeding for professional misconduct, incompetency, incapacity or a similar issue in another profession other than OT in NL or elsewhere?												
Criminal Offences													
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been found guilty of any offense?												
Other													
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there anything else in your previous conduct that would afford reasonable grounds for the belief that you lack the knowledge, skill, judgment to practice safely and ethically?												
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a finding of professional negligence or malpractice, which may or may not relate to your suitability to practice?												
Professional Registration													
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently registered/licensed to practice as an occupational therapist in other provinces/states/countries? If yes, you must provide all details required below. Provide the information below for EACH registration or license.												
	<table border="0"> <thead> <tr> <th>Regulatory Body</th> <th>Province/State/Country</th> <th>License/Registration #</th> <th>Expiry Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Regulatory Body	Province/State/Country	License/Registration #	Expiry Date	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____										
Yes <input type="checkbox"/> No <input type="checkbox"/>	a) Are you currently registered/licensed to practice in a profession other than OT in NL or elsewhere? If yes, you must provide all details required below. Provide the information below for EACH registration or license.												
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_____	_____	_____	_____										
_____	_____	_____	_____										

Professional Liability Insurance

To renew your license you must hold professional liability insurance as prescribed by the Occupational Therapists Act Section 9.1(d).

Do you have professional Liability Insurance? Yes No

Please enclose verification of the above with your renewal documents.

Declaration and Signature (please read and initial each statement and sign below)

- I am aware that NLOTB is required to maintain a public register. My name, license number and license status will be posted on the NLOTB website. My name, license # and employer information may be provided upon request. **Initials** _____
- I am aware that the NLOTB has established a Continuing Competency Program. I declare that I have completed the required sections of the Continuing Competency Portfolio for the 2017-2018 licensing year. **Initials** _____
- I agree to continue to maintain and update my Continuing Competency Portfolio binder and other new sections that NLOTB may introduce in the 2018-2019 licensing year. **Initials** _____
- I have completed the Personal Health Information Act (PHIA) Training Module in the past 12 months and have **enclosed the module certificate of completion**. **Initials** _____
- I, hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that the NLOTB reserves the right to verify any information I provide. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of registration. I agree to abide by the Occupational Therapists Act, Regulations, By-laws, Standards of Practice, PHIA and other relevant/applicable guidelines. **Initials** _____

Signature _____

Date: _____

Witness _____

Date: _____

Fee Payment				
		Cheque/Bank Draft	Paypal	Indicate options chosen
NLOTB Fees	1 year license (March 1, 2018 to February 28, 2019)	\$350.00	\$360.00	
	Late Fee: (after Feb. 1, 2018)	\$40.00	\$41.50	
NLAOT Fees (membership with NLAOT is a licensing requirement).	Full time (801 + hours/year)	\$115.00	\$118.00	
	Part time (800 or less working hours/year)	\$75.00	\$77.00	
	Non-practicing	\$15.00	\$15.50	
				Total: \$ _____
Payment Options	<input type="checkbox"/> Cheque (enclosed). We are unable to accept post-dated cheques. <input type="checkbox"/> Bank Draft (enclosed). <input type="checkbox"/> Electronic payment: see website for details (verification enclosed)			

Renewal Checklist and Required Documentation

1. Completed NLOTB Renewal Form (signed, dated and witnesses)	
2. Verification of CAOT membership enclosed. Documents accepted include a copy of your CAOT membership card or email verification from member services with CAOT.	
3. Verification of current malpractice insurance enclosed. Documents accepted include a copy of your malpractice certificate or copy of your CAOT membership card if it includes your malpractice certificate number.	
4. Payment Included or Verification of Electronic Payment enclosed.	
5. Continuing Competency Requirement: Certificate of Completion PHIA Training Module	

Return completed renewal packages to NLOTB by February 1, 2018 to avoid a late fee:

Mail to:
 Newfoundland and Labrador Occupational Board
 PO Box 23076, RPO Churchill Square
 St. John's, NL A1B 4J9

Fax: 1-709-383-0135
Scan and email to: executivedirector@nlotb.ca