



Regulatory History Form

Authorization to Release Information

This section is to be completed by the applicant seeking registration in Ontario.

First Name:		Last Name:	
<input type="text"/>		<input type="text"/>	
Street Address:			
<input type="text"/>			
City:	Province/State:	Postal Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country:	Phone:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I, have made an application for registration with the College of Occupational Therapists
 (applicant name)

of Ontario (the College). As part of the registration process the College requires completion of a Regulatory History Form.

I hereby consent to and irrevocably authorize and direct ,
 (name of regulatory organization)

to provide any information requested by the College, at my expense. I understand this means providing full disclosure of all information you have including, but not limited to:

- Details about registration, membership, or licensure with any other regulatory body inside or outside Ontario on file with your organization
- Registration number(s), category of registration, and registration status
- Details of any suspension and revocation, including the reason for the suspension or revocation
- Details of any term, condition or limitation imposed on a certificate of registration that is in effect, or outstanding
- Details about any current proceedings and/or findings of professional misconduct, incompetence, incapacity or similar issue
- Details about any acknowledgement and undertaking in effect
- Details about any formal complaint or investigation where the outcome is anything other than a decision to take no action, including those that have yet to be resolved
- Details about any other information regarding my professional conduct you have on file that may be relevant to my application for registration as an occupational therapist in Ontario, including:
 - compliance with registration requirements,
 - compliance with quality assurance programs or continuing competence requirements, and
 - outstanding dues, or other unfulfilled obligations.

Signature

Date



Authorization to Release Information

This section is to be completed by the regulatory organization and returned to:

College of Occupational Therapists of Ontario
 20 Bay Street, Suite 900, PO Box 78
 Toronto, ON, M5J 2N8

If you have questions about information to be contained in this form, please contact the College directly at registration@coto.org or 416.214.1177/1.800.890.6570 ext. 230.

General Information

Name(s) on file:

Previous name(s) on file:

The applicant was/is licensed to practice as:

occupational therapist other, please specify _____

Other registration(s) known to the organization:

Registration History

Status	Category	Number	Start Date	Expiration Date	Notes

Terms, conditions or limitations in effect, or outstanding: Yes No
 If yes, please provide details:

Has this applicant ever had their registration suspended? Yes No
 If yes, please provide details:

Has this applicant ever had their registration revoked? Yes No
 If yes, please provide details:



Conduct & Concerns

Does this applicant have any findings of professional misconduct, incompetence, incapacity, or similar issue?

Yes No If yes, please provide details:

Is this applicant currently facing a proceeding for professional misconduct, incompetence, incapacity, or similar issue?

Yes No If yes, please provide details:

Is this applicant currently subject to any formal complaint or investigation?

Yes No If yes, please provide details:

Has this applicant ever been the subject of a formal complaint or investigation where the outcome was anything other than a decision to take no action?

Yes No If yes, please provide details:

Is this applicant subject to any acknowledgement and undertaking?

Yes No If yes, please provide details:

Has this applicant been compliant with all registration requirements, e.g., maintained practice hours, maintained professional liability insurance, etc.?

Yes No If no, please provide details:

Has this applicant been compliant with your organization's quality assurance program or continuing competence requirements?

Yes No If no, please provide details:

Does this applicant have any outstanding or other unfulfilled obligations to your organization?

Yes No If yes, please provide details:



Other information that may be relevant to the applicant's suitability to practise occupational therapy:

Date: _____

Signature of Registrar or Designate: _____

Name of Regulatory Organization: _____

Address of Regulatory Organization: _____

Telephone Number: _____

Please submit the completed form to:

College of Occupational Therapists of Ontario
20 Bay Street, Suite 900, PO Box 78
Toronto, ON, M5J 2N8

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