

College of Occupational Therapists of British Columbia
Regulating the profession of occupational therapy in the province of BC

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WARNING: Please download and save the form *before* completing it.

You need to take this step because some browsers, such as Chrome and Safari, will not save your content. “

LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION FORM

PART I: AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

Email: _____ Phone number: _____

Province of current registration: _____ Current Registration Number: _____

I _____ hereby authorize _____ to answer to answer the questions on Part 2 of this form and provide the completed form and the following documents to the College of Occupational Therapists of British Columbia.

- a copy of my occupational therapy degree and/or university transcript or other accepted evidence; ACOTRO SEAS Disposition Report; or OEQ Equivalency Recognition Report
- a copy of my exam results
- a copy of any regulatory history forms in my file
- a copy of any formal language tests in my file

I acknowledge that I must submit a Regulatory History Form to the College of Occupational Therapists of British Columbia, completed by the organization where I am currently registered, as part of this process.

(Date) (Signature of Applicant)

(Date) (Signature of Witness)

Please note the following:

- 1) The organization where you are currently registered may charge a fee to complete this form. Please contact them to inquire about the fee.
- 2) If you are currently registered in more than one province, you should have the province where you were initially registered complete the form.
- 3) If the organization completing the form does not have any of the required documents in your file, the College of Occupational Therapists of British Columbia may ask you to produce them. This will not result in a reassessment of your education and/or training.
- 4) To view the Labour Mobility Support Agreement please click here: <http://cotbc.org/wp-content/uploads/Labour-Mobility-Support-Agreement-Feb.-2010.pdf>
- 5) The College of Occupational Therapists of British Columbia will make the final determination on your ability to register under Chapter 7 of the Agreement on Internal Trade.

Labour Mobility Support Agreement (LMSA) Confirmation
Part II: Questions Pertaining to Registration

Part 2 of this form is to be completed by the organization where you are currently registered.

Applicant's Name _____ Current Certifying Authority _____

1.0 Current Registration

1.1 Current category of registration? _____

1.2 Are there restrictions or conditions on the registration? Yes No

1.2.1 If yes, please provide details:

2.0 Practice in Current Jurisdiction

2.1 This individual has practised in our province? Yes No Unsure

3.0 Labour Mobility Support Agreement Transfer History

3.1 This individual transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement? Yes No

3.1.1 If yes, please provide details of transfer (regulatory organization(s), dates):

4.0 Education

4.1 Education equivalence established through ACOTRO SEAS: Yes No

4.2 Education equivalence established through OEQ Equivalence Recognition: Yes No

4.3 Education equivalence established through provincial process (prior to SEAS): Yes No

4.4 Education equivalence established through other process: Yes No

4.4.1 If yes, please provide details:

4.5 Name of degree:

4.6 Name of educational institution and date degree granted:

4.7 Transcript attached: Yes No

4.8 Degree attached: Yes No

4.8.1 If no to either please provide reasons:

4.9 Credentialing report attached Yes No N/A

4.9.1 If no, please provide reasons:

5.0 Examination

Completion of the National Occupational Therapy Certification Examination (NOTCE) is not a registration requirement.

Completion of the NOTCE was not a registration requirement for this individual. Provide reasons:

This individual successfully completed the required examination in (Year): _____.

Documentation confirming this is attached: Yes No

If no, please provide reasons: _____

This individual is scheduled to write the NOTCE on _____.

Documentation confirming this is attached: Yes No

If no, please provide reasons: _____

This individual has previously written, and has been unsuccessful in passing, the NOTCE.

List all known attempts: _____

6.0 Language Proficiency

- 6.1 Language proficiency is a requirement in this province: Yes No
 - 6.1.1 If yes, was language Proficiency confirmed in: English French
 - 6.1.2 Formal language testing results are attached: Yes Not relevant for this individual.
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The following documents are enclosed; official signature and/or seal indicate true copies of document on file.

- a copy of occupational therapy degree and/or university transcript or other formal proof
- or
- a copy of ACOTRO SEAS Disposition Report / or OEQ Equivalency Recognition Report
- a copy of confirmation of successful completion of the required examination
- a copy of regulatory history forms on file
- a copy of any formal language tests that have been collected.

Affix
Seal

Name of Registrar or Designate (Please Print)

(Signature of Registrar or Designate)

(Date)