

The College requires timely notification of changes to your contact information. Changes to your profile can be made online through the member login at www.acot.ca or by completing the form below. The form can be faxed to 780.434.0658; or sent by mail to ACOT, 300, 10436 – 81 Avenue, Edmonton, AB T6E 1X6.

| | | | |
|--|---|------------------------------|---|
| 1. Profile | | | |
| Name | | Registration Number | |
| 2. Address Changes | | | |
| old address | | new address | |
| Address | | Address | |
| Postal Code | City/Province | Postal Code | City/Province |
| Telephone | Country | Telephone | Country |
| Fax | Email | Fax | Email |
| 3. Name Changes (proof of name change must be provided) | | | |
| Name Change From | | Name Change To | |
| 4. Employment Profile Changes | | | |
| 4.1 Primary Employment | | | |
| Start date (MM/DD/YYYY) | | Worksite or Facility Name | |
| Worksite Address | | City | Province |
| Postal Code | Postal Code reflects site of practice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone | Fax | Work Email | |
| Supervisor's Name (if applicable) | | | |
| 4.2 Secondary Employment | | | |
| Start date (MM/DD/YYYY) | | Worksite or Facility Name | |
| Worksite Address | | City | Province |
| Postal Code | Postal Code reflects site of practice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone | Fax | Work Email | |
| Supervisor's Name (if applicable) | | | |
| 4.3 Third Employment | | | |
| Start date (MM/DD/YYYY) | | Worksite or Facility Name | |
| Worksite Address | | City | Province |
| Postal Code | Postal Code reflects site of practice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone | Fax | Work Email | |
| Supervisor's Name (if applicable) | | | |
| 4.4 Employment Category | | | |
| Primary Employment | <input type="checkbox"/> <input type="checkbox"/> | Secondary Employment | <input type="checkbox"/> <input type="checkbox"/> |
| Third Employment | <input type="checkbox"/> <input type="checkbox"/> | | |
| 10 Permanent | 20 Temporary | 30 Casual | 40 Self-Employed |

4.5 Weekly Hours of Work

What are your current weekly hours of work? (rounded up to the nearest whole number)

Primary Employment Secondary Employment Third Employment

4.6 Employment Position

Primary Employment Secondary Employment Third Employment
10 Manager **30** Direct Service Provider **50** Researcher
20 Professional Leader/Coordinator **40** Educator **60** Other

4.7 Employment Type

Primary Employment Secondary Employment Third Employment
10 General Hospital **60** Community Health Centre **110** School or School Board
20 Rehabilitation Hospital/Facility **70** Home Care **120** Assoc./Government/Para-Government
30 Mental Health Hospital/Facility **80** Group Professional Practice/Clinic **130** Industry/Manufacturing/Commercial
40 Residential Care Facility **90** Solo Professional Practice/Clinic **140** Other
50 Assisted Living Residence **100** Post-Secondary Education Institution

4.8 Area of Practice

Primary Employment Secondary Employment Third Employment
Direct Service – Physical Health **Additional Areas of Direct Service** **Areas of Client Management** **Education** **Research**
20 Neurological **10** Mental Health **120** Client Service Management **140** Teaching **150** Research
30 Musculoskeletal **70** Vocational Rehabilitation **130** Medical/Legal Related
40 Cardiovascular & Respiratory **80** Palliative Care
50 Digestive/Metabolic/Endocrine **90** Health Promotion & Wellness **Administration**
60 General Physical Health **100** Other Areas of Direct Service Provision **110** Service Administration **160** Other Areas of Practice

4.10 Client Age Range

Primary Employment Secondary Employment Third Employment
10 Preschool (0-4) **21** Mixed Paediatrics (0-17) **40** Seniors (65+) **44** All Ages
20 School age (5-17) **30** Adults (18-64) **41** Mixed Adults (18+) **50** Other

4.11 Funding Source

Primary Employment Secondary Employment Third Employment
11 Public/Government **20** Private Sector/Individual Client **30** Public/Private Mix **40** Other Funding Source

5. Verification of Changes

I hereby authorize that the changes made by me in this form are complete and correct to the best of my knowledge.

Signature

Date