

Authorization for Release of Information

I, _____, having reviewed the application information regarding the
(Name of Applicant)
Labour Mobility Support Agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of
_____.
(Originating Province)

I hereby authorize the

(Name and address of the originating Occupational Therapy Regulatory Authority)

to answer the following questions *(attached)* on my registration status for the completion of the Labour Mobility Support Agreement Confirmation and forward to the

Alberta College of Occupational Therapists
300, 10436 – 81 Avenue
Edmonton Alberta T6E 1X6
Fax: 780.434.0658

Further, I give permission for the originating regulatory organization to provide the receiving regulatory organization with:

- a verified copy of my occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of regulatory history forms on file *.

While in your province I was registered for these dates _____

under the name(s) _____

My registration number is/or was _____ Date of Birth (mm/dd/yyyy) ____ / ____ / ____

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

**Note*

- 1) You must also make arrangements to have the originating jurisdiction complete a current regulatory history form if this is required by the receiving jurisdiction. The LMSA confirmation form only permits the sharing of information on file with the originating jurisdiction, collected at the time of your application with the originating jurisdiction.
- 2) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the originating jurisdiction.
- 3) If the originating jurisdiction does not have documents in your file, you may be asked by the receiving jurisdiction to produce them. If you are eligible to transfer under the Agreement of Internal Trade /Labour Mobility Support Agreement (LMSA), this does not affect your ability to do so.

(Page 2 is completed by originating Regulatory Organization)

Applicant's Name	
The applicant's documentation has been authenticated by, on behalf of, your organization. <i>Please specify and if no, provide reason</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education/Registration	
This person has graduated with a degree in occupational therapy in <i>(year)</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify name of degree and educational institution.	
Transcript attached? <i>If degree or university transcript not attached, provide reason</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examination	
Check the information that best describes this individual.	
<input type="checkbox"/> Completion of an examination is not a registration requirement in our province.	
<input type="checkbox"/> Completion of the examination was not a registration requirement for this individual. <i>Provide reason</i>	
<input type="checkbox"/> This individual successfully completed the required examination in <i>(year)</i> _____ Confirmation documentation of this is attached. <i>If no, provide reason</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regulatory History	
Is this person licensed/registered to practice occupational therapy in your jurisdiction? <i>If no, please provide reason</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently registered
Dates of registration	

The following documents are enclosed; official signature and/or seal indicate true copies of document on file.

- a verified copy of occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of regulatory history forms on file.

Name of Registrar or Designate (please print)

*please
affix
seal*

(Signature of Registrar or Designate)

(Date)