

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](http://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.

<b>1. Profile</b>			
Name		Registration Number	
<b>2. Address Changes</b>			
old address		new address	
Address		Address	
Postal Code	City/Province	Postal Code	City/Province
Telephone	Country	Telephone	Country
Fax	Email	Fax	Email
<b>3. Name Changes (proof of name change must be provided)</b>			
Name Change From		Name Change To	
<b>4. Employment Profile Changes</b>			
<b>4.1 Primary Employment</b>			
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)			
<b>4.2 Secondary Employment</b>			
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)			
<b>4.3 Third Employment</b>			
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)			
<b>4.4 Employment Category</b>			
Primary Employment	<input type="checkbox"/> <input type="checkbox"/>	Secondary Employment	<input type="checkbox"/> <input type="checkbox"/>
Third Employment	<input type="checkbox"/> <input type="checkbox"/>		
<b>10</b> Permanent	<b>20</b> Temporary	<b>30</b> Casual	<b>40</b> Self-Employed



<b>4.5 Weekly Hours of Work</b>				
What are your current weekly hours of work? (rounded up to the nearest whole number)				
Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment
<input type="text"/> <input type="text"/>				
<b>4.6 Employment Position</b>				
Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>10</b> Manager	<b>30</b> Direct Service Provider	<b>50</b> Researcher		
<b>20</b> Professional Leader/Coordinator	<b>40</b> Educator	<b>60</b> Other		
<b>4.7 Employment Type</b>				
Primary Employment	<input type="text"/> <input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/> <input type="text"/>	Third Employment
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>10</b> General Hospital	<b>60</b> Community Health Centre	<b>110</b> School or School Board		
<b>20</b> Rehabilitation Hospital/Facility	<b>70</b> Home Care	<b>120</b> Assoc./Government/Para-Government		
<b>30</b> Mental Health Hospital/Facility	<b>80</b> Group Professional Practice/Clinic	<b>130</b> Industry/Manufacturing/Commercial		
<b>40</b> Residential Care Facility	<b>90</b> Solo Professional Practice/Clinic	<b>140</b> Other		
<b>50</b> Assisted Living Residence	<b>100</b> Post-Secondary Education Institution			
<b>4.8 Area of Practice</b>				
Primary Employment	<input type="text"/> <input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/> <input type="text"/>	Third Employment
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Direct Service – Physical Health</b>	<b>Additional Areas of Direct Service</b>	<b>Areas of Client Management</b>	<b>Education</b>	<b>Research</b>
<b>20</b> Neurological	<b>10</b> Mental Health	<b>120</b> Client Service Management	<b>140</b> Teaching	<b>150</b> Research
<b>30</b> Musculoskeletal	<b>70</b> Vocational Rehabilitation	<b>130</b> Medical/Legal Related		
<b>40</b> Cardiovascular & Respiratory	<b>80</b> Palliative Care	<b>Administration</b>		
<b>50</b> Digestive/Metabolic/Endocrine	<b>90</b> Health Promotion & Wellness	<b>110</b> Service Administration		
<b>60</b> General Physical Health	<b>100</b> Other Areas of Direct Service Provision	<b>160</b> Other Areas of Practice		
<b>4.10 Client Age Range</b>				
Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>10</b> Preschool (0-4)	<b>21</b> Mixed Paediatrics (0-17)	<b>40</b> Seniors (65+)	<b>44</b> All Ages	
<b>20</b> School age (5-17)	<b>30</b> Adults (18-64)	<b>41</b> Mixed Adults (18+)	<b>50</b> Other	
<b>4.11 Funding Source</b>				
Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>11</b> Public/Government	<b>20</b> Private Sector/Individual Client	<b>30</b> Public/Private Mix	<b>40</b> Other Funding Source	
<b>5. Verification of Changes</b>				
I hereby authorize that the changes made by me in this form are complete and correct to the best of my knowledge.				
Signature			Date	