

Extended Access Membership Form

Extended access membership is available to a person who is currently registered as an occupational therapist and is in good standing pursuant to the legislation of another jurisdiction in Canada.

SCOT extended access members **must** maintain a valid licence or permit to practice in another Canadian jurisdiction while holding an extended access membership.

An extended access membership entitles a member to provide virtual services to a person who is physically situated in Saskatchewan and to the following privileges:

- to have a voice, but no vote, at the annual and special meetings of the SCOT; and
- to receive publications of the SCOT.

SCOT extended access members must obtain a practising membership and practising licence if they wish to provide in-person services as an occupational therapist in Saskatchewan.

There is a \$75.00 annual membership fee. The SCOT membership year runs from March 1 until the last day of February of the following year (Example: March 1, 2024 – February 28, 2025). Membership renewal is due prior to February 15th of each year.

Proof of current registration from your current regulatory organization is required to proceed with your renewal application.

| General Information | | |
|---|------------------------|----------------------------|
| Legal First Name | Legal Last Name | Middle Name |
| Mailing Address | | Telephone Number |
| City | Province | Postal Code |
| Jurisdiction of Current Registration | | |
| Current Class of Registration | Licence Number | Licence Expiry Date |
| E-mail Address | | |

Declaration and Signature

I _____ (print your name), understand that I have been provided with an extended access membership to provide occupational therapy services via virtual services to persons located in Saskatchewan. If my licence expires in the jurisdiction that I am registered, this membership will be null and void. I understand that I am required to obtain a practising membership and practising licence with SCOT if I plan to provide in-person services in Saskatchewan. Initial _____

I hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that SCOT reserves the right to verify any information I provide. I understand that a false or misleading statement may disqualify me from SCOT membership. Initial _____

Applicant Signature _____ **Date:** _____