



## Extended Access Membership Renewal 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 15<sup>th</sup> of each year.

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

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

### 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:** \_\_\_\_\_