



SCOT Initial Application Form for Internationally Educated Occupational Therapists (IEOTs)

Note: If you are currently registered to practice in another province or have previously been registered to practice occupational therapy in Canada, please contact admin@scot.sk.ca.

Once you have completed the [Substantial Equivalency Assessment System \(SEAS\)](#) and a final determination has been made that you have met substantial equivalency, SEAS will provide you with a *Release of Information* form to permit SEAS to forward your relevant documents to SCOT.

Note: The Certificate of Substantial Equivalency issued by SEAS will be valid for **three years** for the purpose of eligibility to apply for registration with SCOT.

GENERAL INFORMATION					
First Name		Last Name		Middle Name	
Previous Name (if applicable)					
Street Address			City	Province	
Postal Code	Country				
Home Phone		Mobile Phone		Birth date	Gender
E-mail Address					
Citizenship Status Canadian Citizen Permanent Resident/Landed Immigrant of Canada Authorized under the Immigration Act					
OCCUPATIONAL THERAPY EDUCATION					
Name of Institution					
Designation		Graduation Year			
City	Province	Postal Code	Country		
OTHER EDUCATION					
Name of Institution			Field of Study		
Program Type		Year Completed			
City	Province	Postal Code	Country		



CURRENCY HOURS	
Refer to the Currency Hours policy on the SCOT Website	
January 1 – December 31, 2024	January 1-December 31, 2023
Paid Work Practice Hours:	Paid Work Practice Hours:
Volunteer Practice Hours:	Volunteer Practice Hours:
Education Practice Hours:	Education Practice Hours:
PROFESSIONAL MALPRACTICE/LIABILITY INSURANCE	
Malpractice/Liability Insurance Provider:	
Policy No.:	
Coverage Amount (minimum \$5 million):	
Effective Date:	
Expiry Date:	
OTHER OCCUPATIONAL THERAPY REGULATORY REGISTRATION	
Have you previously been or are you currently registered/licenced as an occupational therapist in another province or country?	
Yes No	
Please provide the following information for each registration:	
Regulatory Organization:	
Registration Number:	
Effective Date:	
Expiry Date:	
Regulatory Organization:	
Registration Number:	
Effective Date:	
Expiry Date:	
Regulatory Organization:	
Registration Number:	
Effective Date:	
Expiry Date:	
OTHER REGULATED PROFESSIONS	
Have you previously been or are you currently registered/licenced in another regulated profession?	
Yes No	
Please provide the following information for each registration if applicable:	
Regulated Profession:	
Regulatory Organization:	
Registration Number:	
Effective Date:	
Expiry Date:	



EMPLOYMENT			
Employer			
Country	City	Province	Postal Code
Address		Phone	
Job Title		Position Type	
Area of Practice		Department	
Employer Type		Clientele	
Employment status		Hours/Week	
Employment Category		Funding Source	
Name of Manager/Supervisor		Manager/Supervisor Phone	
Manager/Supervisor email			

ADDITIONAL DOCUMENTS

Please provide a copy of the following documents:

- Government issued photos such as driver's licence or passport.
- Recent criminal record check.
- Professional malpractice/liability insurance certificate.
- Documentation to verify Canadian Citizenship - passport, permanent residence, landed immigrant status under the immigration Refugee Protection Act, or a Birth Certificate.
- If applicable:
 - A regulatory history form (on SCOT website) from each jurisdiction in which you are currently or have been registered with, sent directly to SCOT. You must complete the authorization form and send it to each jurisdiction to complete. They will then send the completed forms to SCOT.

DECLARATIONS

1. Have you been refused registration from an Occupational Therapy Regulatory organization? Yes No

If yes, please provide details:

2. Have you had a finding of, or are you currently facing a proceeding for professional misconduct, competency, or similar issues as an Occupational Therapist in another jurisdiction? Yes No

If yes, please provide details:



SCOT

Saskatchewan College of
Occupational Therapists

3. Have you ever had a finding of, or are you currently facing a proceeding for professional misconduct, incapacity, incompetency or similar issue in another profession in Saskatchewan or elsewhere? Yes No

If yes, please provide details:

4. Have you been convicted of a criminal offence or are you currently undergoing a criminal investigation?
Yes No

If yes, please provide details:

5. Is there anything else in your previous conduct that would afford reasonable grounds for the belief that you lack the knowledge, skill or judgement to practice safely and ethically? Yes No

If yes, please provide details:

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 registration or may be cause for revocation of any registration/licence which may be granted to me. Initial

I understand that I have initiated the application process but am not currently registered with SCOT. I will not practice or hold myself out as an occupational therapist or attend workplace orientation until I have completed the registration process and have received written notification from SCOT that I am fully registered and have a licence to practice in Saskatchewan. Initial

PAYMENT OF FEES

The SCOT Fee Schedule can be found on the SCOT Website: [SCOT Fee Schedule](#)

Contact admin@scotsk.ca to provide payment of the \$100.00 non-refundable application fee and associated registration fees.

Applicant Signature _____ **Date:** _____

Send the completed application to admin@scotsk.ca along with associated documents.