



SCOT Initial Application Form

If your occupational therapy education was completed outside of Canada and you have not been previously registered to work as an occupational therapist in Canada, please fill out the SCOT Initial Application Form – Internationally Educated Occupational Therapists.

If you were previously a member of SCOT, please contact admin@scot.sk.ca before filling out this form.

Are you currently registered with another occupational therapy regulatory organization and wanting to transfer using the Labour Mobility Support Agreement (LMSA)? Yes No				
If so, please complete Part I of the LMSA Confirmation form and send Part I and II to the regulatory organization in which you are currently registered.				
Type of Membership and Licence Requested				
<input type="checkbox"/> Practising Membership and Full Practising Licence				
<input type="checkbox"/> Restricted Practising Membership and Restricted Practising Licence				
Date Licence is Needed:				
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				
<input type="checkbox"/> Canadian Citizen				
<input type="checkbox"/> Permanent Resident/Landed Immigrant of Canada				
<input type="checkbox"/> Authorized under the Immigration Act				
LANGUAGE PROFICIENCY				
If your primary language and your language of occupational therapy education was not in English, documentation of English language fluency is required.				
Primary language:				
Language of occupational therapy education:				
Languages you will be able to provide professional services in:				



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
PRESCRIBED EXAMINATION			
National Occupational Therapy Certification Examination (NOTCE) Status: <input type="checkbox"/> Registered <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Previously Exempt (Was not a requirement at time of registration with another Canadian occupational therapy regulatory organization)			
Exam Date(s) (if applicable):			
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:

Regulated Profession:
Regulatory Organization:
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EMPLOYMENT

Employer

Country	City	Province	Postal Code
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Address	Phone
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Job Title	Position Type
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Area of Practice	Department
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Employer Type	Clientele
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Employment status	Hours/Week
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Employment Category	Funding Source
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Name of Manager/Supervisor	Manager/Supervisor Phone
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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.
 - A completed Labour Mobility Support Agreement (LMSA) confirmation form from the Canadian occupational therapy regulatory authority in which you are currently registered. You must complete the authorization form and send it to the regulatory authority 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:

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:



SCOT

Saskatchewan College of
Occupational Therapists

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.