

Saskatchewan Society of Occupational Therapists (SSOT)

Box 9089 Saskatoon, SK S7K 7E7

(306) 956-7768 admin@ssot.sk.ca www.ssot.sk.ca

Labour Mobility Support Agreement (LMSA) Confirmation Form Part I: Authorization for Release of Information

rth (YYYY/MM/DD):	
mber:	
of current registration:	
gistration number:	
	hereby
	,
	tion where you are currently registered)
wan Society of Occupational Ther a copy of my occupational thera	rm and provide the completed form and the following documents to the apists. py degree and/or university transcript or other accepted evidence OR to other accepted evidence or other
a copy of any credentialing repo	rt in my file (ex: WES, MIDI) – for IEOT only
a copy of any National OT Certifi	ication Examination (NOTCE) exam results in my file
a copy of any regulatory history	forms in my file
a copy of any formal language te	esting results or other accepted evidence in my file
	gulatory History Form to the Saskatchewan Society of Occupational on where I am currently registered, as part of this process.
	(Signature of Applicant)
	mber:

Please note the following:

- 1) The organization where you are currently registered may charge a fee to complete this form. Please contact them to inquire about the fee.
- 2) If you are currently registered in more than one province, you should have the province where you were initially registered complete the form.
- 3) If the organization completing the form does not have any of the required documents in your file, the Saskatchewan Society of Occupational Therapists may ask you to produce them. This will not result in a reassessment of your education and/or training.
- 4) To view the Labour Mobility Support Agreement please click here http://ssot.sk.ca/new-applicants
- 5) The Saskatchewan Society of Occupational Therapists will make the final determination on your ability to register under Chapter 7 of the Agreement on Internal Trade.

Labour Mobility Support Agreement (LMSA) Confirmation Part II: Questions Pertaining to Registration

Part 2 of this form is to be completed by the organization where you are currently registered.

Appli	cant's N	ame	Current regulatory organization			
1.0		nt Regist				
	1.1		nt category of registration?			
	1.2		ere restrictions or conditions on the registration? Yes No			
		1.2.1	If yes, provide details:			
2.0	Pract	ce in Cui	rrent Jurisdiction			
	2.1	This a _l	pplicant has practised in our province?			
3.0	Labou	ır Mobili	ty Support Agreement Transfer History			
	3.1	-	oplicant transferred here under the Labour Mobility Support Agreement or the Mutual Recognition			
		U	ment?			
		3.1.1	If yes, provide details of transfer (regulatory organization(s), dates):			
4.0	Educa					
	4.1		of degree:			
	4.2	Name of educational institution and date degree granted:				
	4.3	Transcript attached:				
	4.4	Degre	e or accepted evidence attached:			
	For IE	OTs only	<u> </u>			
	4.5	Crede	ntialing report attached:			
	4.6	Educat	tion equivalence (check information appropriate to the applicant's profile)			
			Equivalence established through ACOTRO SEAS			
			Documentation is attached Yes No (provide reasons)			
			Equivalence established through OEQ Equivalence Recognition			
			Documentation is attached			
			Equivalence established through provincial process (prior to SEAS)			
			Documentation is attached			
			Education equivalence established through other process (provide details)			
			Documentation is attached			

		Completion of the National OT Certification Examination (NOTCE) is not a registration requirement.				
		Completion of the NOTCE was not a registration requirement for this applicant (provide reasons):				
		This applicant successfully completed the NOTCE in (year)				
		Documentation confirming this is attached. \square Yes (go to 6.0) \square No (provide reasons):				
		This applicant is scheduled to write the NOTCE on (date)				
		Documentation confirming this is attached: \square Yes (go to 6.0) \square No (provide reasons):				
		This applicant has previously written, and has been unsuccessful in passing, the NOTCE. List all known attempts (dates):				
0	Regul	atory history				
	6.1	Historical regulatory confirmation attached:				
		No (provide reasons):				
)	Language Proficiency					
	7.1	Language proficiency is a requirement in this province: Yes No				
		7.1.1 If yes, language proficiency was confirmed in:				
		7.1.2 Formal language testing results or other accepted evidence are attached:				
		Yes Not relevant for this applicant No (provide reasons)				
		Yes Not relevant for this applicant No (provide reasons)				
		Yes Not relevant for this applicant No (provide reasons)				
		Yes Not relevant for this applicant No (provide reasons)				
		Yes Not relevant for this applicant No (provide reasons)				
o foll	lowing					
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e foll	a co					
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5.0

Examination