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

Part II of this form is to be completed by the regulatory authority where you are currently registered.

Individual's Name: _____ Current regulatory authority: _____

1.0 Current Registration

1.1 Current category of registration: _____

1.2 Are there restrictions or conditions on the registration? Yes No

1.2.1 If yes, provide details: _____

2.0 Practice in Current Jurisdiction

2.1 This individual has practiced in your province: Yes No Unsure

3.0 Labour Mobility Support Agreement Transfer History

3.1 This applicant transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement: Yes No

3.1.1 If yes, provide details of transfer (regulatory authority dates): _____

4.0 Education

4.1 Name of degree: _____

4.2 Name of educational institution and date degree granted: _____

4.3 Transcript attached: Yes No (provide reasons) _____

4.4 Degree or accepted evidence attached: Yes No (provide reasons) _____

For internationally educated occupational therapists only:

4.5 Credential evaluation report attached: Yes No (provide reasons) _____

4.6 Education Equivalence established through ACOTRO SEAS: Yes No

4.7 Education equivalence established through OEQ Equivalence Recognition: Yes No

4.8 Education equivalence established through provincial process (prior to SEAS): Yes No

4.9 Education equivalence established through other process (provide details): Yes No

5.0 Examination

Check the information that best describes this applicant’s examination profile:

Completion of the National OT Certification Examination (NOTCE) is not a registration requirement for this regulatory authority.

Completion of the NOTCE was not a registration requirement for this individual at the time of their registration (provide reasons):

This individual successfully completed the NOTCE in (year) _____
Documentation confirming this is attached. Yes (go to 6.0) No (provide reasons):

This individual is scheduled to write the NOTCE on (date) _____
Documentation confirming this is attached: Yes (go to 6.0) No (provide reasons):

This individual has previously written, and has been unsuccessful in passing, the NOTCE.
List all known attempts (dates): _____

6.0 Regulatory history

6.1 Historical regulatory confirmation(s) attached: Yes Not relevant for this individual
 No (provide reasons): _____

7.0 Language Proficiency

7.1 Language proficiency is a requirement in this province: Yes No

7.1.1 If yes, language proficiency was confirmed in: English French

7.1.2 Formal language testing results or other accepted evidence are attached:
 Yes Not relevant for this individual No (provide reasons) _____

The following documents are attached. Digital signature indicates a true copy of documents on file. Identify the regulatory authority housing the original document on file.

- a copy of one of the following:
 - occupational therapy degree (Original: _____).
 - university transcript (Original: _____).
 - ACOTRO SEAS disposition report (Original: _____).
 - OEQ equivalency recognition report (Original: _____).
 - other accepted evidence. (Original: _____).
- a copy of all credential evaluation reports or equivalents (Original: _____).
- a copy of all National OT Certification Examination (NOTCE) results (Original: _____).
- a copy of all regulatory history forms or equivalents (Original: _____).
- a copy of all formal language testing results or other accepted evidence (Original: _____).

Name of Registrar or Designate

Signature of Registrar or Designate

Date