

Authorization to Release Information

This section is to be **completed by the individual** seeking registration to practice as an occupational therapist in the province of Saskatchewan.

First Name:		Last Name:	
Address:	City:	Province/State:	Postal Code:
Country:	Phone:	Email:	
Registration/License Number:			

I, _____ have made an application for registration with the Saskatchewan College of Occupational Therapists (SCOT).
(individual's name)

As part of the registration process, the SCOT requires completion of a Regulatory History Form from each province/jurisdiction wherein I hold or have held a license or have been registered. I hereby consent to and authorize and direct _____, to provide any information requested by the
(name of regulatory authority)

SCOT, at my expense. I understand this means providing full disclosure of all information you have including, but not limited to the following:

- Details about registration, membership, licensure, or licensure with any other regulatory authority inside or outside Saskatchewan on file with your organization.
- Registration number(s), category of registration, and registration status.
- Details of any term, condition or limitation imposed on a certificate of registration/licence that is in effect, or outstanding.
- Details of any suspension and revocation, including the reason for the suspension or revocation.
- Findings/outcome of professional misconduct, unskilled practice/ incompetence.
- Limitations imposed due to incapacity/fitness to practice/health conditions, or similar issue.
- Details about any formal complaint or investigation where the outcome is anything other than a decision to take no action. This may include those that have yet to be resolved.
- Details about any acknowledgment and/or undertaking in effect (the act of acknowledging something or acknowledgment of a mistake and a commitment to do or not do something).
- Details about any other information regarding professional conduct on file that may be relevant to the application for registration as an occupational therapist in Saskatchewan, including the following:
 - Compliance with registration requirements.
 - Compliance with quality assurance programs or continuing competence requirements.
 - Outstanding dues, or other unfulfilled obligations.

Applicant Signature: _____ Date: _____