

Regulatory History Confirmation

This section is to be **completed by the regulatory authority** and returned to:

Saskatchewan College of Occupational Therapists (SCOT)
 admin@scotks.ca

If you have questions about information to be contained in this form, please contact SCOT directly at admin@scotks.ca or 306-956-7768.

General Information					
Name(s) on file:					
Previous name(s) on file:					
The individual was/is licensed to practice as: <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other, please specify: _____					
Other registration(s) known to the regulatory authority:					
Registration History					
Status	Category	Number	Start Date	Expiration Date	Notes
1. Terms, conditions, or limitations in effect, or outstanding on their licence or practice: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:					
2. Has this individual ever had their registration suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:					
3. Has this individual ever had their registration cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:					

Conduct & Concerns

4. Does this individual have any findings of professional misconduct or unskilled practice/incompetence?

Yes No

If yes, please provide details:

5. Have there been limitations imposed on this individual's practice due to incapacity/fitness to practice/health conditions, or similar issue?

If yes, please provide details:

6. Has this individual ever been the subject of a formal regulatory complaint or investigation where the outcome was anything other than a decision to take no action?

Yes No

If yes, please provide details:

7. Is this individual subject to any acknowledgement and undertaking (the act of acknowledging something or acknowledgement of a mistake and a commitment to do or not do something)?

Yes No

If yes, please provide details:

8. Has the individual been compliant with all registration requirements, e.g., maintained practice hours, maintained professional liability insurance, etc.?

Yes No

If no, please provide details:

9. Has there been any indication that the individual has not been compliant with your regulatory authority's quality assurance program or continuing competence requirements?

Yes No

If Yes, please provide details:

10. Does this individual have any outstanding or other unfulfilled obligations to your regulatory authority?

Yes No

If yes, please provide details:

11. Is there any reason why this individual would not be entitled to be licensed or registered in your jurisdiction at the present time?

Yes No

If yes, please explain:

12. Other information that may be relevant to the individual's suitability to be registered to practice occupational therapy:

Date: _____

Name of Registrar or Designate: _____

Signature of Registrar or Designate: _____

Name of Regulatory Authority: _____

Address of Regulatory Authority: _____

Telephone Number: _____

Please submit the completed form to:

The Saskatchewan College of Occupational Therapists (SCOT)
admin@scot.sk.ca

If you have any questions about the information to be contained in this form, please contact the SCOT directly at admin@scot.sk.ca or 306-956-7768.