



# SCOT

Saskatchewan College of  
Occupational Therapists

## Saskatchewan College of Occupational Therapists (SCOT)

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

Name: \_\_\_\_\_

Date of birth (YYYY/MM/DD): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Province of current registration: \_\_\_\_\_

Current registration number: \_\_\_\_\_

I \_\_\_\_\_ hereby  
(your name)

authorize \_\_\_\_\_  
(name of organization where you are currently registered)

to answer the questions on Part 2 of this form and provide the completed form and the following documents to the Saskatchewan College of Occupational Therapists.

- a copy of my occupational therapy degree and/or university transcript or other accepted evidence OR ACOTRO SEAS Disposition Report or OEQ Equivalency Recognition Report
- a copy of any credentialing report in my file ( ex: WES, MIDI) – for IEOT only
- a copy of any National OT Certification Examination (NOTCE) exam results in my file
- a copy of any regulatory history forms in my file
- a copy of any formal language testing results or other accepted evidence in my file

I acknowledge that I must submit a Regulatory History Form to the Saskatchewan College of Occupational Therapists, completed by the organization where I am currently registered, as part of this process.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

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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 College 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 [Labour Mobility Support Agreement](#)
- 5) The Saskatchewan College 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.*

Applicant's Name \_\_\_\_\_ Current regulatory organization \_\_\_\_\_

**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 applicant has practised in our 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 organization(s), 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 IEOTs only

4.5 Credentialing report attached:  Yes  No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

4.6 Education 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  Yes  No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

Equivalence established through provincial process (prior to SEAS)  
Documentation is attached  Yes  No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

Education equivalence established through other process (provide details) \_\_\_\_\_  
\_\_\_\_\_ Documentation is attached  Yes  No (provide reasons) \_\_\_\_\_

**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.
- 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.     Yes (go to 6.0)     No (provide reasons):  
\_\_\_\_\_
- This applicant is scheduled to write the NOTCE on (date) \_\_\_\_\_  
Documentation confirming this is attached:     Yes (go to 6.0)     No (provide reasons):  
\_\_\_\_\_
- This applicant 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 attached:     Yes     Not relevant for this applicant  
 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 applicant     No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

The following documents are enclosed. Official signature and seal indicate true copies of document on file.

- a copy of occupational therapy degree and/or university transcript or other accepted evidence OR ACOTRO SEAS Disposition Report or OEQ Equivalency Recognition Report
- a copy of the credentialing report (ex: WES, MIDI) – for IEOT only
- a copy of National OT Certification Examination (NOTCE) exam results
- a copy of any regulatory history forms
- a copy of any formal language testing results or other accepted evidence

Affix  
Seal

\_\_\_\_\_  
Name of Registrar or Designate (Please Print)

\_\_\_\_\_  
(Signature of Registrar or Designate)

\_\_\_\_\_  
(Date)