

During the COVID-19 Pandemic, NLOTB is expediting cross jurisdictional telepractice in situations where occupational therapy services are being provided/continued from a different jurisdiction. Occupational therapists may be eligible for a Temporary Provisional license for 30 days to provide services via telepractice. Eligibility includes current licensing in another Canadian jurisdiction and professional liability insurance. A Letter of Good Standing/Regulatory History is required from your current jurisdiction. NLOTB is not charging a license fee for this service.

General Information		
Legal First Name	Legal Last name	Middle Name
Mailing Address		Telephone #
Jurisdiction of Current Licensing:		License #
Email Address	CAOT Number (if applicable)	

Registration Category

Temporary Provisional License for Cross Jurisdictional Telepractice (30 days)

Education in Occupational Therapy

Degree	University	Prov/State	Country	Year of Graduation

Conduct

If you answer "yes" to any of these questions, please provide additional information.

Yes <input type="checkbox"/> No <input type="checkbox"/>	a) Have you ever been refused registration by an occupational therapy regulatory organization?
Yes <input type="checkbox"/> No <input type="checkbox"/>	b) Have you ever had your occupational therapy license revoked or suspended?
Yes <input type="checkbox"/> No <input type="checkbox"/>	c) Do you have any terms, limitations or conditions in effect or outstanding on your current/previous license/registration?
Yes <input type="checkbox"/> No <input type="checkbox"/>	d) Have you ever been found guilty of an offence related to the practice of occupational therapy or another profession?
Yes <input type="checkbox"/> No <input type="checkbox"/>	e) Have you ever been the subject of, or are you currently facing, a complaint or investigation related to the practice of occupational therapy, or in another profession?
Yes <input type="checkbox"/> No <input type="checkbox"/>	f) Have you been convicted of a criminal, drug, or traffic offence, excluding minor traffic offenses such as parking or speeding?
Yes <input type="checkbox"/> No <input type="checkbox"/>	g) Are you currently under criminal investigation or have a pending criminal or civil court date?
Yes <input type="checkbox"/> No <input type="checkbox"/>	h) Is there anything else that could/would afford reasonable grounds for the belief that you may lack the knowledge, skill, judgment to practice safely and ethically as an occupational therapist (eg, health condition, etc.)?

Professional Liability Insurance

Yes No Do you have professional Liability Insurance?

Please provide verification of professional malpractice insurance with your application.

Required Documentation:

1. Completed NLOTB Registration Form	
2. Verification of professional liability insurance.	
3. Regulatory History Form/Letter of Good Standing requested from current jurisdiction of OT licensing. Forms are available on respective websites. The completed forms will be forwarded directly to NLOTB from the licensing body.	

Employment Profile: If you do not have an offer of employment please skip this section

Practice Site 1: Primary Employment

Employer Name	Postal Code
Address	Country
City	Telephone
Province	Fax
Start date or return to work date:	Postal Code reflects site of practice: Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment Category:

- Permanent** (indefinite duration of employment and guaranteed or fixed hours per week official work status)
- Temporary** (fixed duration of employment, based on a defined start and end date)
- Casual** (on an as-needed basis)

Employment Status:

- Full time** (your usual hour of practice are 30 hrs or more per wk or this is your official work status)
- Part time** (your usual hours of practice are less than 30 hrs per wk.)
- Self-Employed** (a person who operates his or her own economic enterprise in OT)

Primary Role:

- Administrator
- Manager
- Professional Leader/Coordinator
- Direct Service Provider
- Educator
- Researcher
- Other

Description of Work to be provided via Telepractice:

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Declaration and Signature

I, _____ (print your name) understand that I have been provided with a temporary provisional license for a period of 30 days to provide occupational therapy services via telepractice to residents of Newfoundland and Labrador during the COVID-19 pandemic. This license may be extended for the duration of the pandemic restrictions. Once the pandemic restrictions are lifted, this license will be null and void and continued telepractice will be subject to licensing requirements at the time of application.

I hereby authorize the Newfoundland and Labrador Occupational Therapy Board (NLOTB) to obtain information from other regulatory bodies, educational institutions, present and former employers, and any other sources for the purposes related to my registration and qualification. A photocopy of my signature on this page is my sufficient and irrevocable authority for these persons or entities to release this information to NLOTB. **Initial** _____

I am aware that the NLOTB is required to maintain a public register. My name, license # and employer information may be provided upon request. **Initial** _____

I agree to abide by the Occupational Therapists Act, Regulations, By-laws, Standards of Practice, Personal Health Information Act and relevant guidelines. **Initial** _____

I, hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that the Board reserves the right to verify any information I provide. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of registration. **Initial** _____

Applicant Signature _____

Date: _____

Return completed registration packages to:

Newfoundland and Labrador Occupational Board
PO Box 23076, RPO Churchill Square
St. John's, NL A1B 4J9

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Phone: 709-687-4783
Email: kim.doyle@nlotb.ca