



Newfoundland & Labrador Occupational Therapy Board

P.O. Box 23076, RPO Churchill Square, St. John's, NL A1B 4J9

Phone : 709-697-4, Fax : 709-393-0135

Email : executivedirector@nlotb.ca Website: www.nlotb.ca

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 Newfoundland and Labrador Occupational Therapy Board

- 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 Newfoundland and Labrador Occupational Therapy Board completed by the organization where I am currently registered, as part of this process.

(Date)

(Signature of Applicant)

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 Newfoundland and Labrador Occupational Therapy Board 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 <http://www.nlotb.ca/wp-content/uploads/2016/04/ACOTRO-LMSA-2016.pdf>

5) The Newfoundland and Labrador Occupational Therapy Board 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 individual has practised in our province? Yes No Unsure

3.0 Labour Mobility Support Agreement Transfer History

3.1 This individual 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 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: Yes (provide details) _____

_____ No

5.0 Examination

Check the information that best describes this individual’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 individual (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 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 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)