



Regulatory History Form

Name of Applicant	Registration Number
Address of Applicant	

I am applying for registration to practice as an occupational therapist in the province of Newfoundland & Labrador. I hereby authorize:

(Name and address of Occupational Therapy Regulatory Authority)

To answer the following questions on my regulatory history.

Signature of applicant	Date:
Signature of witness	Date:

1. Has this person ever been licensed or registered to practice occupational therapy in your jurisdiction?
 Yes _____ No _____ Current _____
 If yes, state dates of registration:
2. Are there/were there any conditions/restrictions to his/her license to practice occupational therapy?
 Yes _____ No _____ Current _____
 If yes, please describe:
3. Has this person been the subject of any disciplinary action by your organization? Yes _____ No _____
 If yes, please describe the findings and the penalty:
4. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time? Yes _____ No _____
 If yes, please explain:

Date

Signature of Registrar or Designate

Please Affix Seal

Name and Address of Regulatory Body

Please return completed form directly to: NLOTB P.O. Box 23076, St. John's, NL Canada A1B 4J9, Fax: 709-383-0135