

New Brunswick Association of Occupational Therapists

Regulating the profession of occupational therapy in the province of New Brunswick

Address: P.O. Box 3122

Registrar – Catherine Pente

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LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION FORM

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, having reviewed the application information regarding the
(Name of Applicant)

Labour Mobility Support Agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of
_____. I hereby authorize the

(Originating Province)

(Name & address of Occupational Therapy Regulatory Authority - originating)

to answer the following questions on my registration status for the completion of the Labour Mobility Support Agreement Confirmation Form (below) and forward to the

(Name and Address of Receiving Regulatory Organization)

Further I give permission for the originating regulatory organization to provide the receiving regulatory organization with:

- a verified copy of my occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of regulatory history forms on file *.

While in your province I was registered for these dates _____

_____ under the name(s) _____

My registration number is/or was _____ Date of Birth ___/___/___

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

***NOTE**

- 1) You must also make arrangements to have the originating jurisdiction complete a current regulatory history form if this is required by the receiving jurisdiction. The LMSA confirmation form only permits the sharing of information on file with the originating jurisdiction, collected at the time of your application with the originating jurisdiction.**
- 2) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the originating jurisdiction.**
- 3) If the originating jurisdiction does not have documents in your file, you may be asked by the receiving jurisdiction to produce them. If you are eligible to transfer under the Agreement of Internal Trade / Labour Mobility Support Agreement (LMSA), this does not affect your ability to do so.**

(Page 2 is completed by originating regulatory organization)

LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) / AGREEMENT OF INTERNAL TRADE CONFIRMATION

APPLICANT'S NAME: _____

1. The applicant's documentation has been authenticated by, on behalf of, your organization.

_____ No _____ Yes

Please specify and if no, please provide reasons

EDUCATION/REGISTRATION

2. This person has graduated with a degree in occupational therapy from a Canadian program in (Year) _____

_____ No _____ Yes

Please specify name of degree, educational institution.

Transcript attached. _____ No _____ Yes

If degree or university transcript not attached provide reasons. _____

EXAMINATION

3. Check the information that best describes this individual.

Completion of an examination is not a registration requirement in our province.

Completion of the examination was not a registration requirement for this individual. Provide reasons:

This individual successfully completed the required examination in (Year) _____

Confirmation documentation of this is attached. _____ No _____ Yes

If no, provide reasons, _____

REGULATORY HISTORY

4. Is this person licensed / registered to practise occupational therapy in your jurisdiction?

_____ No _____ Yes _____ Currently registered

Dates of registration _____

If "No" please provide reasons

The following documents are enclosed; official signature and/or seal indicate true copies of document on file.

a verified copy of occupational therapy degree and/or university transcript

a verified copy of confirmation of successful completion of the required examination; and

a verified copy of regulatory history forms on file.

Name of Registrar or Designate (Please Print)

Please
affix
seal

(Signature of Registrar or Designate)

(Date)