



ASSOCIATION
DES ERGOTHÉRAPEUTES
DU N.-B.

N.B. ASSOCIATION
OF OCCUPATIONAL
THERAPISTS

REGULATORY HISTORY CONFIRMATION FORM

Please complete and return directly to the Registrar, New Brunswick Association of Occupational Therapists, PO Box 3122., Sackville, N.B. E4L 4P2

To be completed by applicant :

Applicant's Name : _____ License # : _____

Applicant's Address : _____

Applicant's Signature : _____ Date : _____

Witness's Signature : _____ Date : _____

I am applying for registration to practice as an occupational therapist in the province of New Brunswick. The New Brunswick Association of Occupational Therapists (NBAOT) requires verification of registration from each province/ jurisdiction wherein I hold or have held a license or have been registered. This is your authorization to release any information in your files, favorable or otherwise, directly to the NBAOT at the address indicated above.

To be completed by regulatory body :

Has this person ever been licensed to practice occupational therapy in your jurisdiction ?
() No () YesDates : _____

Are there any conditions/restrictions to his/her license to practice occupational therapy ?
() No () YesDescribe : _____

Has this person been the subject of any disciplinary action by your board within the past five (5) years ?
() No () Yes....What was the wrongful conduct and the penalty ? _____

Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time ?
() No () Yes....Explain : _____

Date : _____ Signature of Registrar or Designate : _____

Affix seal :

Name of Regulatory Body and address :

