



PROFESSIONAL REGISTRATION			
Have you registered previously with the College of Occupational Therapists of Manitoba (formerly AOTM) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, year of initial registration _____, registration number _____			
To be eligible for temporary registration, you must be registered (or have a license) to practise occupational therapy in another jurisdiction. (a) list the details below for each organization you are currently registered with (b) make as many copies as you need of the <b>Regulatory History Form</b> ; (c) complete the top section for each organization you have listed; and (d) ask the organization(s) to complete the bottom section of the form and send it directly to COTM.			
Regulatory Organization	Province/State and Country	License/Registration Number	Dates of Registration

PREVIOUS HISTORY and CONDUCT	
Do you have a physical or mental condition, disorder or addiction to alcohol or drugs that interferes with your ability to practise occupational therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an OT regulatory organization ever refused your registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been found guilty of professional misconduct, incompetency, incapacity or a similar issue in another place? Or are you now facing a proceeding for any of these?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been found guilty of professional misconduct, incompetency, incapacity or a similar issue in another profession in Manitoba or in another place? Or are you now facing a proceeding for any of these?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted or accused of a criminal offence for which you have <b>not</b> been pardoned? Or are you now undergoing a criminal investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you answered yes to any of the above, COTM will contact you with information on how to proceed.</i>	

LIABILITY INSURANCE	
Every COTM member who provides clinical service must have liability insurance coverage to a <b>minimum</b> of \$5,000,000. Please check the box(es) that apply to you:	
<input type="checkbox"/> CAOT Insurance; expiry date _____ I will send a copy of my certificate with my application.	
<input type="checkbox"/> My employer(s), _____ has adequate insurance coverage. I will send a letter from my employer that verifies I have proper coverage with my application.	
<input type="checkbox"/> Other private insurance; expiry date _____ I will send a copy of the certificate with my application.	
<input type="checkbox"/> I do not have liability insurance yet.	
I understand that I must have professional liability insurance coverage and I must make sure that I am covered for the service I will be providing as a member on the COTM Register of Temporary Members.	<input type="checkbox"/> <b>Please initial</b>

DECLARATION	
I hereby declare that, to the best of my knowledge, the information provided on this application and the attached documents is true, correct and complete in every respect. I agree to abide by <i>The Occupational Therapists Act and Regulation</i> and the By-laws and Code of Ethics of the College of Occupational Therapists of Manitoba.	
SIGNATURE _____	DATE _____

**APPLICATION FOR TEMPORARY REGISTRATION CHECKLIST**

The College cannot proceed with registration until all required documents have been received. Check (✓) the applicable boxes below to indicate which items are enclosed with your application.

Before submitting, please ensure that you have enclosed the following required items:

- Completed, signed, and dated registration form. Be sure to complete all sections.
- Copy of your current registration card(s) or license(s)
- Regulatory history from all OT regulatory organizations with which you are currently registered
- Evidence of adequate malpractice insurance coverage
- Temporary Registration Fee (\$50.00 per month).

**FEES**

Application fee	No cost	
Temporary Registration Fee	\$ 50.00 / month	

COTM will contact you by email when an invoice is ready to be paid through the member portal. If according to the information provided, the register to which you apply does not seem suitable, the Registrar will contact you.

This is a legal document. Retain a copy for your files and send this **original** to:  
[registration@cotm.ca](mailto:registration@cotm.ca)