



APPLICATION for REGISTRATION

You must be registered with the College of Occupational Therapists of Manitoba (COTM) to work as an occupational therapist in Manitoba. COTM will tell you when we have processed your application and you are registered. It is illegal to practise any type of occupational therapy before you are registered in Manitoba.

Before you fill out this application form, please read the Application Guide that applies to you. https://cotm.ca/registration

PERSONAL INFORMATION form with fields for Family name, Given name(s), Previous Names, Name you use on Professional Documents, Full Address, Home Phone, Work Phone, Postal Code, E-mail, Date of Birth, Female, Male.

LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) form with question: Are you applying under the Labour Mobility Support Agreement? Yes No. Includes Mobility Provisions text.

EDUCATION table with columns: Degree or diploma, Year, Institution, Prov/State, Country.

Please ask the educational institution(s) you attended to send an original final transcript directly to COTM. See Application Guide for details.

EXAMINATION form with checkboxes and text: I successfully completed the CAOT certification examination on... I wrote the CAOT exam on... I am eligible to write the CAOT exam and I will send proof of my eligibility with my application.

LANGUAGE
My first language is _____ My language of OT education was _____ Other languages I can practise OT in _____
See Application Guide to find out if you need to provide proof of language proficiency.

EMPLOYMENT HISTORY																									
Please check the FIRST box that applies to you in the following list:																									
<input type="checkbox"/> I have worked 600 hours in the last 3 years, from today's date.																									
<input type="checkbox"/> I have completed a re-entry program in the last 12 months. (I will send official proof of this with my application.)																									
<input type="checkbox"/> I have recently completed an entry level OT education program. Date of completion of program _____																									
<input type="checkbox"/> I have successfully completed ACOTRO's SEAS. (I will send official proof of this with my application.)																									
Please provide employment information for all OT positions held in the last 3 years.																									
<table border="1"> <thead> <tr> <th>Employer</th> <th>Address of Employer / Work Site</th> <th>Period of Employment</th> <th>Hours per week</th> <th>total # of hours</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Employer	Address of Employer / Work Site	Period of Employment	Hours per week	total # of hours																				
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See Application Guide to see what information is required from your employers.																									

PROFESSIONAL REGISTRATION																				
Have you registered before 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 _____																				
Are you now registered with another OT regulatory organization (or were you in the past)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, (a) list the details below for each organization you are registered with (or were registered with in the past 10 years); (b) make as many copies as you need of the Regulatory History Form ; (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.																				
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REGISTRATION IN OTHER REGULATED PROFESSIONS												
Are you registered to practise in another profession in Manitoba or elsewhere (or were you in the past)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name profession _____ and list the details below for each registration or license.												
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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 not been pardoned? Or are you now undergoing a criminal investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "yes" to any of the above, COTM will guide you as to how to proceed.	
NOTE: You are not eligible for registration until COTM has received your criminal record report , including a vulnerable sector search . See Application Guide for details on how to have a criminal record search done.	

PROSPECTIVE EMPLOYMENT		
If you have a job offer in Manitoba, provide the following information. Include COTM Supervision Confirmation Form if required. (This is necessary if you are not eligible for Practising Registration and will be on the Provisional Register)		
Start date	Employer	Address of Employer or Work site
I am looking for work in Manitoba. I understand that I must tell COTM about my prospective employment and my business contact information, before I start work.		Please initial here <input type="checkbox"/>

LIABILITY INSURANCE	
Every COTM member who provides clinical service must always have liability insurance coverage to a minimum of \$5,000,000 .	
Please check the box(es) that apply to you:	
<input type="checkbox"/>	CAOT Insurance; expiry date _____ I will send an original certificate with my application.
<input type="checkbox"/>	My employer(s), _____ has COTM pre-approved insurance.
<input type="checkbox"/>	My employer(s), _____ is not insured through a COTM pre-approved insurance provider. I will send a letter from each 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 always have professional liability insurance coverage while I am registered, and I must make sure that I am covered for EACH of my OT jobs and OT volunteer work.	
Please initial here <input type="checkbox"/>	
See Application Guide to see what insurance coverage has been pre-approved by COTM.	

DECLARATION	
By signing this application form, I state that, to the best of my knowledge, the information I provided on this application and in the attached documents is true, correct and complete in all respects. I agree to practise according to <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 REGISTRATION CHECKLIST

We cannot complete your registration until we have received all your documents. You can apply and send your documents in phases. Please indicate on this form that you will be completing phases two or three at a later date if that is the case. Mark each item in the applicable phases to indicate that the documents are enclosed, being sent or not applicable.
D As an Internationally Educated Occupational Therapist (IEOT) I am completing only Phase 1 at this time.

Enclosed
 Being sent
 Not applicable

Phase 1

For **academic eligibility**, you must provide the following items or arrange for them to be sent to COTM:

- Application for Registration form that is completed, signed, and dated
- Proof of Identification
- Non-refundable Initial Application Fee of \$50.00

If you are applying under the Labour Mobility Support Agreement (LMSA):

- An LMSA Confirmation Form. (This must be sent by the regulatory organization you are transferring from). If you are **not** applying under the LMSA, you must also send
- Copy of other academic degree(s) or diploma(s).
- Evidence that you have asked your educational institution(s) to send COTM the official final transcripts for your OT degree(s) or diplomas. (a copy of the request form)

Additional items (for internationally educated applicants not applying under the LMSA):

- SEAS Determination Committee Report
- ACOTRO Substantial Equivalency Assessment System Certificate of Completion

Phase 2

For **professional eligibility**, you must send the following items:

- NOTCE exam certificate or CAOT Application to write the NOTCE (unless you are applying under the LMSA).
- Criminal Record Report (COTM will accept an original certificate less than six months old).
- Proof of English language proficiency (if applicable).
- Report of hours of OT practice in the past 3 years (unless you are applying under the LMSA). Report must be sent directly to COTM by your employers.
- Regulatory History Form (completed form must be sent to COTM by the regulatory organization you are registered with).

Phase 3

For **employment eligibility** and to complete the registration process, you must send the following items:

- Declaration of employment and Supervision Confirmation Form (if supervision is required).
- Malpractice insurance certificate or a written statement proving that you are adequately insured.
- Registration Fee for a specified category of membership.

FEES (See Application Guide for fee schedule)		
Initial Application Fee	\$50.00	<ul style="list-style-type: none"> • Registration each year is from June 1st to May 31st. • Registration expires on May 31st. • You must renew your registration each year to remain in good standing and to legally practise OT in Manitoba.
Annual Registration fee	\$	
<input type="checkbox"/> Practising <input type="checkbox"/> Provisional <input type="checkbox"/>		
Total payment	\$	
Please pay by Visa or Mastercard by contacting College of Occupational Therapists of Manitoba . (You must pay in Canadian funds.) COTM will contact you if you applied for the wrong registration category.		

This is a legal document. Keep a copy for your files and send this to:
registration@cotm.ca