



## 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 inform you in writing when we have processed your application and you are registered. It is illegal to practice 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:

[Registration - College of Occupational Therapists of Manitoba \(cotm.ca\)](#)

### PHASE 1 PERSONAL INFORMATION

Last Name:	First Name:
Previous Names:	
Name you use on Professional Documents:	
Mailing Address:	Home Phone:
	Work Phone:
Postal Code:	E-mail:
Date of Birth: mm/dd/yy	Female <input type="checkbox"/> Male <input type="checkbox"/>
You must include proof of identification with your application. See <b>Application Guide</b> for acceptable identification.	

### APPLICATION TYPE

#### Canadian Educated Applicants:

- Regular (New Graduate) – You are a recent graduate applying for the registration as an OT for the first time.
- Regular (Direct) – You are not currently registered to practice in Canada.
- Regular (Labor Mobility Support Agreement (LMSA)) – You are currently registered with a regulatory organization in Canada. Please arrange for the COTM LMSA Confirmation Form to be sent electronically to COTM by the regulatory organization you are transferring from.
- Temporary – You are registered in another jurisdiction and temporarily working in Manitoba.

#### Internationally Educated Applicants:

- You have graduated with an Occupational Therapy Degree outside of Canada. Please arrange for the Substantial Equivalency Assessment System (SEAS) assessment results to be mailed to COTM by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO).

### EDUCATION (please list all degrees and diplomas)

Degree or diploma	Year	Institution	Province/State	Country

If you are applying as a new graduate, please arrange for the university transcript to be mailed to COTM.

## EXAMINATION

Please check the box that applies to you:

- I have successfully completed the National Occupational Therapy Certification Examination (NOTCE) on \_\_\_\_\_
- I wrote the NOTCE on \_\_\_\_\_, but I have not received the results (Provisional Register).
- I wrote the NOTCE on \_\_\_\_\_ (list all dates), but I have not yet passed the examination (Provisional Register).
- I am eligible to write the NOTCE and I will send proof of my eligibility with my application. I am scheduled to write the exam on \_\_\_\_\_ (Provisional Register).
- I will send a copy of my result with my application, or it will be supplied as part of the LMSA confirmation information.

## 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:

- I have worked 600 hours in the last 3 years, from today's date.
- I have completed a re-entry program in the last 12 months. (I will send official proof of this with my application).
- I have recently completed an entry level OT education program. Date of completion of program \_\_\_\_\_
- I have successfully completed ACOTRO's SEAS. (I will send official proof of this with my application.)

Employer	Address of Employer/Work Site	Period of Employment	Hours per Week	Total Hours

See **Application Guide** for the information that is required from your employers.

## PROFESSIONAL REGISTRATION

Have you registered before with the College of Occupational Therapists of Manitoba (formerly AOTM)? If yes, year of initial registration \_\_\_\_\_ registration number \_\_\_\_\_ Yes  No

Are you now registered with another OT regulatory organization (or were you in the past)? Yes  No

If yes, please do the following:

- (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.

Regulatory Organization	Province or State and Country	License or Registration Number	Dates of Registration		Is Your registration Current?
			Start Date	End Date	

See **Application Guide** for the information that is required from your employers.

**REGISTRATION IN OTHER REGULATED PROFESSIONS**

Are you registered to practice in another profession in Manitoba or elsewhere (or were you in the past)? Yes  No

If yes, name profession and list the details below for each registration or license.

Regulatory Organization	Province or State and Country	License or Registration Number	Dates of Registration	
			Start Date	End Date

**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 practice occupational therapy? Yes  No

Has an OT regulatory organization ever refused your registration? Yes  No

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  No

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  No

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  No

**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.

**PHASE 3 PROSPECTIVE EMPLOYMENT**

Please check the box that applies to you:

I have a job offer in Manitoba **Please initial here**

I am looking for work in Manitoba. I understand that I must inform COTM in writing about my prospective employment and my business contact information before I start work. **Please initial here**

If you have a job offer in Manitoba, provide the following information. Include COTM Supervision Confirmation Form if you are not eligible for Practising Registration and will be on the Provisional Register.

Start date	Employer	Address of Employer or Work site

## 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:

- CAOT Insurance; expiry date: \_\_\_\_\_ . I will upload the copy of the certificate along with my application.
- My employer(s), \_\_\_\_\_ has COTM pre-approved insurance.
- 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.
- Other private insurance; expiry date: \_\_\_\_\_ . I will upload the copy of the certificate along with my application.
- 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**

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 *The Occupational Therapists Act and Regulation* and the By-laws and Code of Ethics of the College of Occupational Therapists of Manitoba.

SIGNATURE:

DATE:

mm/dd/yy

## 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.

As an Internationally Educated Occupational Therapist (IEOT) I am completing only Phase 1 at this time.

Submitted  
Being sent  
Not applicable

### Phase 1

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

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application for Registration form that is completed, signed, and dated; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Identification;  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-refundable Initial Application Fee of \$50.                         |

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

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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:     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copy of other academic degree(s) or diploma(s);  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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):

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEAS Determination Committee Report;  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ACOTRO Substantial Equivalency Assessment System Certificate of Completion. |

### Phase 2

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

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NOTCE exam certificate or CAOT Application to write the NOTCE (unless you are applying under the LMSA);  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Record Report (COTM will accept an original certificate less than six months old);  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of English language proficiency (if applicable);   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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:

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Declaration of employment and Supervision Confirmation Form (if supervision is required);         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Malpractice insurance certificate or a written statement proving that you are adequately insured; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Registration Fee for a specified category of membership.  |

## FEES (See Application Guide for fee schedule)

Initial Application Fee	\$ 50	<ul style="list-style-type: none"> <li>Registration each year is from June 1<sup>st</sup> to May 31<sup>st</sup>.</li> <li>Registration expires on May 31<sup>st</sup>.</li> <li>You must renew your registration each year to remain in good standing and to legally practise OT in Manitoba.</li> </ul>
Annual Registration fee		
<input type="checkbox"/> Practising <input type="checkbox"/> Non-practising <input type="checkbox"/> Temporary	\$825 \$345 \$50	
Total Payment:		

Payment is made via the COTM registration portal using Visa or Mastercard. COTM will contact you via email when your invoice is ready for payment.