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Registrar - Jordan Friesen
Executive Director - Michelle Martin-Strong

REGULATORY HISTORY FORM
Authorization for Release of Information

I, _____, hereby authorize
(Name of Applicant)

(Name & address of Occupational Therapy Regulatory Authority)

to answer the following questions on my registration status for the completion of the Regulatory History Confirmation Form (below) to the College of Occupational Therapists of Manitoba.

While in your province I was registered for these dates: _____
under the name(s) _____
My registration number was _____ Date of Birth ____/____/____

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

Regulatory History Confirmation

1(a) Has this person ever been licensed or registered to practise occupational therapy in your jurisdiction?
[] No [] Yes [] Current
Dates: _____

1(b) Are or were there any conditions/restrictions to his/her license or registration to practise occupational therapy in your jurisdiction?
[] No [] Yes
If yes, please describe _____

2. Has this person been the subject of any disciplinary action by your organization?
[] No [] Yes
If yes, please describe the findings and the penalty: _____

3. Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time?
[] No [] Yes
If yes, please explain _____

Name of Registrar or Designate (Please Print)

Please affix seal

(Signature of Registrar or Designate)

(Date)