

Prince Edward Island Occupational Therapists Registration Board

Regulating the profession of O.T. in the province of Prince Edward Island

56 Celtic Lane

Stratford, PE C1B 1L1

Phone: (902) 566-3712

Registrar – Melissa Hooley

E-mail: mdforgeron@hotmail.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, having reviewed the application information regarding the
(Name of Applicant)

mutual recognition agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of
_____ I hereby authorize the

(Originating Province)

(Name & address of Occupational Therapy Regulatory Authority - originating and/or previous)
to answer the following questions on my registration status for the completion of the Mutual Recognition Confirmation Form
(below) and forward to the _____

(Name and Address of Receiving Regulatory Organization)

Further I give permission for the Originating / Previous regulatory organization to provide the receiving regulatory organization with:

- a verified copy of my occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of **Registration in Good Standing** forms on file *.

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

(Signature of Applicant)

(Date)

(Signature of Witness)

***NOTE**

- 1) You must also make arrangements to have the originating jurisdiction complete a current regulatory history form if this is required by the receiving jurisdiction. The MRA confirmation form only permits the sharing of information on file with the originating jurisdiction, collected at the time of your application with the originating jurisdiction.
- 2) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the originating jurisdiction.
- 3) If the originating jurisdiction does not have documents in your file, you may be asked by the receiving jurisdiction to produce them. If you are eligible to transfer under the Mutual Recognition Agreement, this does not affect your ability to do so.

MUTUAL RECOGNITION AGREEMENT CONFIRMATION FORM

1. The applicant's documentation has been authenticated by, on behalf of, your organization.
_____ No _____ Yes
Please specify and if no, please provide reasons

EDUCATION/REGISTRATION

2. This person has graduated with a degree in occupational therapy from a Canadian program in (Year) _____
_____ No _____ Yes

Please specify name of degree, educational institution.

Transcript attached. _____ No _____ Yes

If degree or university transcript not attached provide reasons. _____

EXAMINATION

3. Check the information that best describes this individual.

Completion of an examination is not a registration requirement in our province.

Completion of the examination was not a registration requirement for this individual. Provide reasons:

This individual successfully completed the required examination in (Year) _____

Confirmation documentation of this is attached. _____ No _____ Yes

If no, provide reasons, _____

REGULATORY HISTORY

4. Has this person been licensed / registered to practise occupational therapy, without restrictions, in your jurisdiction?
_____ No _____ Yes _____ Currently registered

Dates of registration _____

If "No" please provide reasons

The following documents are enclosed; official signature and/or seal indicate true copies of document on file.

- a verified copy of occupational therapy degree and/or university transcript
- a verified copy of confirmation of successful completion of the required examination; and
- a verified copy of **Registration in Good Standing** forms on file.

Name of Registrar or Designate (Please Print)

Please
affix
seal

(Signature of Registrar or Designate)

(Date)