

PRINCE EDWARD ISLAND OCCUPATIONAL THERAPISTS REGISTRATION BOARD

Melissa Hooley
Registrar
Phone # - 902-566-3712

56 Celtic Lane
Stratford, PE
C1B 1L1

Authorization for Release of Information

I, _____ hereby authorize
(Name of Applicant)

(Name & Address of Occupational Therapy Regulatory Authority where previously or currently registered)

to answer the following questions on my registration status for the completion of the Registration in Good Standing Form (below) to the Prince Edward Island Occupational Therapists Board.

While in your province, I was registered for these dates _____
under the name(s) _____,
My registration number was _____. Date of birth ____/____/____
Day / Month / Year

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

Registration in Good Standing Form

1(a). Has this person ever been licensed or registered to practise Occupational Therapy in your jurisdiction? yes no current
Dates: _____

1(b). Are or were there any conditions/restrictions to his/her license or registration to practise occupational therapy in your jurisdiction? yes no If yes, please describe:

2. Has this person been the subject of any disciplinary action by your organization? yes no
If yes, please describe the finding/s 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? yes no If yes, please explain:

Date:

Please Affix Seal

Name of Registrar or Designate (please print)

Signature of Registrar or Designate