



Prince Edward Island College of Occupational Therapists

PO Box 2248, Station Central, Charlottetown, PE C1A 8B9

Regulating the Profession of Occupational Therapy in the province of Prince Edward Island
Registrar – Heather Cutcliffe E-mail: rbregistrar@peiot.org Website: www.peiot.org

LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION FORM

PART I: AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, having reviewed the application information regarding the
(Name of Applicant)
Labour Mobility Support Agreement for occupational therapy in Canada, feel that I qualify to apply from the Province of
_____. I hereby authorize the
(Province / Jurisdiction)

(Name & address of Occupational Therapy Regulatory Organization - current certifying authority)
to answer the following questions on my registration status for the completion of the Labour Mobility Support Agreement Confirmation Form (below) and forward to the:

Prince Edward Island College of Occupational Therapists
PO Box 2248, Stn Central
Charlottetown, PE, CANADA C1A 8B9

- D I give permission for the current certifying authority (regulatory organization) to provide the receiving regulatory organization:
- a verified copy of my occupational therapy degree and/or university transcript
 - a verified copy of confirmation of successful completion of the required examination
 - a verified copy of regulatory history forms on file
 - a verified copy of any formal language tests that have been collected.
- D I acknowledge that I need to arrange for the current certifying authority to complete the Regulatory History Form of the receiving regulatory organization as a separate process from the Labour Mobility Support Agreement Confirmation Form. (See #2 below for further details.)

While in the current jurisdiction I was registered for these dates:	

under the name(s) _____	
My registration number was _____	Date of Birth _____ / _____ / _____ <small>(month/day/year)</small>
Current contact information: Phone _____ E-mail _____	

(Date)	(Signature of Applicant)
(Date)	(Signature of Witness)

- *NOTE**
- 1) You need to provide the current certifying authority (“regulatory organization”) with the fee it requires to complete the LMSA Confirmation Form on your behalf. These fees can be confirmed on their website or by contacting them directly.
 - 2) You must also make arrangements to have the regulatory organization complete a current regulatory history form if required by the receiving regulatory organization. The LMSA confirmation form only permits the sharing of information on file with the regulatory organization collected at the time of your application with the current certifying authority (regulatory organization).
 - 3) If you are currently registered in more than one jurisdiction, you should consider the jurisdiction in which you have your primary practice as the current certifying authority (regulatory organization).
 - 4) If the current certifying authority (regulatory organization) does not have documents in your file, you may be asked by the receiving regulatory organization to produce them so that the file created by the receiving regulatory organization is complete. If you are eligible to transfer under the Agreement of Internal Trade / Labour Mobility Support Agreement (LMSA), this does not affect your ability to do so; no additional reassessment will occur.
 - 5) The Labour Mobility Support Agreement can be found at http://cotm.ca/upload/LMSA_Confirmation_Form.pdf

[Page 2 is completed by current certifying authority (regulatory organization)]

Part II: LABOUR MOBILITY SUPPORT AGREEMENT (LMSA) CONFIRMATION

APPLICANT'S NAME: _____ CURRENT CERTIFYING AUTHORITY _____

1.1 CURRENT REGISTRATION

- 1.2 Current category of registration? _____
 - 1.3 There are restrictions or conditions on the registration? _____ Yes (go to 1.3) _____ No (go to 2.0)
 - 1.4 Conditions or restrictions? _____
-

2.1 LABOUR MOBILITY SUPPORT AGREEMENT TRANSFER HISTORY

- 2.2 This individual transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement? _____ Yes (go to 2.2) _____ No (go to 3.0)
 - 2.3 Details of transfer (regulatory organization(s), dates). _____
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3.1 EDUCATION

- 3.2 This individual met education requirements? _____ Yes (go to 3.2) _____ No (go to 3.2)
 - 3.3 Specify name of degree, educational institution, date of degree. _____
 - 3.4 Transcript attached. _____ Yes (go to 3.5) _____ No (go to 3.4)
 - 3.5 Reason degree or university transcript not attached: _____
 - 3.6 Credentialing report attached _____ Yes _____ No _____ N/A
-

4.0 EXAMINATION

Check the information that best describes this individual's examination profile:

- D Completion of the National OT Certification Examination (NOTCE) is not a registration requirement.
 - D Completion of the NOTCE was not a registration requirement for this individual. Provide reasons: _____
-

- D This individual successfully completed the required examination in (Year) _____.
Documentation confirming this is attached. _____ Yes (go to 5.0) _____ No (provide reasons)
If no supporting documentation, provide reasons: _____
-

- D This individual is scheduled to write the NOTCE on _____.
Documentation confirming this is attached. _____ Yes (go to 5.0) _____ No (provide reasons)
If no supporting documentation, provide reasons: _____
-

- D This individual has previously written, and has been unsuccessful in passing, the NOTCE.
List all known attempts: _____
-

5.1 REGULATORY HISTORY

- 5.2 Historical regulatory confirmations are provided with this LMSA Confirmation Form:
_____ Yes _____ Not Applicable to this individual _____ Not Available
 - 5.3 Historical regulatory confirmations exist but are not available for the following reasons. _____
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6.1 LANGUAGE PROFICIENCY

- 6.2 Language proficiency confirmation is a requirement: _____ Yes _____ No
If yes, answer the following questions, regarding this individual.
 - 6.3 In which language was proficiency confirmed? _____ English _____ French
 - 6.4 Are formal language testing results attached? _____ Yes _____ Not relevant for this individual.
-

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;
- a verified copy of regulatory history forms on file
- a verified copy of any formal language tests that have been collected.

Name of Registrar or Designate (Please Print)

Please
Affix
Seal

(Signature of Registrar or Designate)

(Date)