



**Labour Mobility Support Agreement (LMSA) Confirmation**  
**Part II: Questions Pertaining to Registration**

Part II of this form is to be completed by the regulatory authority where you are currently registered.

Individual's Name: \_\_\_\_\_ Current regulatory authority: \_\_\_\_\_

**1.0 Current Registration**

1.1 Current category of registration: \_\_\_\_\_

1.2 Are there restrictions or conditions on the registration?  Yes  No

1.2.1 If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

**2.0 Practice in Current Jurisdiction**

2.1 This individual has practiced in your province:  Yes  No  Unsure

**3.0 Labour Mobility Support Agreement Transfer History**

3.1 This applicant transferred here under the Labour Mobility Support Agreement or the Mutual Recognition Agreement:  Yes  No

3.1.1 If yes, provide details of transfer (regulatory authority dates): \_\_\_\_\_  
\_\_\_\_\_

**4.0 Education**

4.1 Name of degree: \_\_\_\_\_

4.2 Name of educational institution and date degree granted: \_\_\_\_\_

4.3 Transcript attached:  Yes  No (provide reasons) \_\_\_\_\_

4.4 Degree or accepted evidence attached:  Yes  No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

**For internationally educated occupational therapists only:**

4.5 Credential evaluation report attached:  Yes  No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

4.6 Education Equivalence established through ACOTRO SEAS:  Yes  No

4.7 Education equivalence established through OEQ Equivalence Recognition:  Yes  No

4.8 Education equivalence established through provincial process (prior to SEAS):  Yes  No

4.9 Education equivalence established through other process (provide details):  Yes  No  
\_\_\_\_\_

**5.0 Examination**

Check the information that best describes this applicant’s examination profile:

Completion of the National OT Certification Examination (NOTCE) is not a registration requirement for this regulatory authority.

Completion of the NOTCE was not a registration requirement for this individual at the time of their registration (provide reasons):  
\_\_\_\_\_

This individual successfully completed the NOTCE in (year) \_\_\_\_\_  
Documentation confirming this is attached.  Yes (go to 6.0)  No (provide reasons):  
\_\_\_\_\_

This individual is scheduled to write the NOTCE on (date) \_\_\_\_\_  
Documentation confirming this is attached:  Yes (go to 6.0)  No (provide reasons):  
\_\_\_\_\_

This individual has previously written, and has been unsuccessful in passing, the NOTCE.  
List all known attempts (dates): \_\_\_\_\_

**6.0 Regulatory history**

6.1 Historical regulatory confirmation(s) attached:  Yes  Not relevant for this individual  
 No (provide reasons): \_\_\_\_\_

**7.0 Language Proficiency**

7.1 Language proficiency is a requirement in this province:  Yes  No

7.1.1 If yes, language proficiency was confirmed in:  English  French

7.1.2 Formal language testing results or other accepted evidence are attached:  
 Yes  Not relevant for this individual  No (provide reasons) \_\_\_\_\_  
\_\_\_\_\_

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The following documents are enclosed. Digital signature indicates a true copy of documents on file. Identify the regulatory authority housing the original document on file.

- a copy of one of the following:
  - occupational therapy degree (Original: \_\_\_\_\_).
  - university transcript (Original: \_\_\_\_\_).
  - ACOTRO SEAS disposition report (Original: \_\_\_\_\_).
  - OEQ equivalency recognition report (Original: \_\_\_\_\_).
  - other accepted evidence. (Original: \_\_\_\_\_).
- a copy of all credential evaluation reports or equivalents (Original: \_\_\_\_\_).
- a copy of all National OT Certification Examination (NOTCE) results (Original: \_\_\_\_\_).
- a copy of all regulatory history forms or equivalents (Original: \_\_\_\_\_).
- a copy of all formal language testing results or other accepted evidence (Original: \_\_\_\_\_).

\_\_\_\_\_  
Name of Registrar or Designate

\_\_\_\_\_  
Signature of Registrar or Designate

\_\_\_\_\_  
Date