



**REGULATORY HISTORY FORM**

**Authorization to Release Information**

This section is to be **completed by the individual** seeking registration to practice as an occupational therapist in the province of Prince Edward Island.

|                              |        |                 |              |
|------------------------------|--------|-----------------|--------------|
| First Name:                  |        | Last Name:      |              |
| Address:                     | City:  | Province/State: | Postal Code: |
| Country:                     | Phone: | Email:          |              |
| Registration/License Number: |        |                 |              |

I, \_\_\_\_\_ have made an application for registration with the PEICOT.  
(individual's name)

As part of the registration process, the PEICOT requires completion of a Regulatory History Form from each province/jurisdiction wherein I hold or have held a license or have been registered. I hereby consent to

and authorize and direct \_\_\_\_\_, to provide any information requested by the  
(name of regulatory authority)

PEICOT, at my expense. I understand this means providing full disclosure of all information you have including, but not limited to the following:

- Details about registration, membership, licensure, or licensure with any other regulatory authority inside or outside Prince Edward Island on file with your organization.
- Registration number(s), category of registration, and registration status.
- Details of any term, condition or limitation imposed on a certificate of registration/licence that is in effect, or outstanding.
- Details of any suspension and revocation, including the reason for the suspension or revocation.
- Findings/outcome of professional misconduct, unskilled practice/ incompetence.
- Limitations imposed due to incapacity/fitness to practice/health conditions, or similar issue.
- Details about any formal complaint or investigation where the outcome is anything other than a decision to take no action. This may include those that have yet to be resolved.
- Details about any acknowledgement and/or undertaking in effect (the act of acknowledging something or acknowledgement of a mistake and a commitment to do or not do something).
- Details about any other information regarding professional conduct on file that may be relevant to the application for registration as an occupational therapist in Prince Edward Island, including the following:
  - Compliance with registration requirements.
  - Compliance with quality assurance programs or continuing competence requirements.
  - Outstanding dues, or other unfulfilled obligations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Regulatory History Confirmation

This section is to be completed by the regulatory authority and returned to:

PEI College of Occupational Therapists
reregistrar@peiot.org

If you have questions about information to be contained in this form, please contact PEICOTdirectly at reregistrar@peiot.org.

Form with sections: General Information, Registration History, and three numbered questions regarding licensing conditions, suspensions, and cancellations.



Conduct & Concerns

4. Does this individual have any findings of professional misconduct or unskilled practice/incompetence?

Yes       No      If yes, please provide details:

5. Have there been limitations imposed on this individual's practice due to incapacity/fitness to practice/health conditions, or similar issue?

           If yes, please provide details:

6. Has this individual ever been the subject of a formal regulatory complaint or investigation where the outcome was anything other than a decision to take no action?

Yes       No      If yes, please provide details:

7. Is this individual subject to any acknowledgement and undertaking (the act of acknowledging something or acknowledgement of a mistake and a commitment to do or not do something)?

Yes       No      If yes, please provide details:

8. Has the individual been compliant with all registration requirements, e.g., maintained practice hours, maintained professional liability insurance, etc.?

Yes       No      If no, please provide details:

9. Has there been any indication that the individual has not been compliant with your regulatory authority's quality assurance program or continuing competence requirements?

Yes       No      If Yes, please provide details:

10. Does this individual have any outstanding or other unfulfilled obligations to your regulatory authority?

Yes       No      If yes, please provide details:



11. Is there any reason why this individual would not be entitled to be licensed or registered in your jurisdiction at the present time?

Yes       No

If yes, please explain:

12. Other information that may be relevant to the individual's suitability to be registered to practice occupational therapy:

Date: \_\_\_\_\_

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

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

Name of Regulatory Authority: \_\_\_\_\_

Address of Regulatory Authority: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please submit the completed form to:**

PEI College of Occupational Therapists  
[rbregistrar@peiot.org](mailto:rbregistrar@peiot.org)

If you have any questions about the information to be contained in this form, please contact the PEICOT directly at [rbregistrar@peiot.org](mailto:rbregistrar@peiot.org).