



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: _____



PEI College of Occupational Therapists PO Box 2248, Station Central, Charlottetown, PE

Registrar email: rbregistrar@peiot.org Website: www.peiot.org

Regulatory History Confirmation

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

PEI College of Occupational Therapists

rbregistrar@peiot.org

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

General Information					
Name(s) on file:					
Previous name(s) on file:					
The individual was/is licensed to practice as: <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other, please specify: _____					
Other registration(s) known to the regulatory authority:					
Registration History					
Status	Category	Number	Start Date	Expiration Date	Notes
1. Terms, conditions, or limitations in effect, or outstanding on their licence or practice: If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Has this individual ever had their registration suspended? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Has this individual ever had their registration cancelled? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No		



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?

Yes No

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:



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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

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