



# 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](mailto:rbregistrar@peiot.org) [Website: www.peiot.org](http://www.peiot.org)

## REGULATORY HISTORY FORM

I, \_\_\_\_\_, hereby authorize the \_\_\_\_\_ to answer the following questions on my registration status for the completion of the Regulatory History Confirmation Form (below) and forward to the: *Prince Edward Island College of Occupational Therapists*.

While in your province I was registered for these dates:

\_\_\_\_\_ under the name(s) \_\_\_\_\_

My registration number is/or was \_\_\_\_\_

Date of Birth / /

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

### **Regulatory History Confirmation:**

Has this person ever been licensed to practice occupational therapy in your jurisdiction?

No  Yes  Current Dates: \_\_\_\_\_

Are there any conditions/restrictions to his/her license to practice occupational therapy in your jurisdiction?

No  Yes Describe: \_\_\_\_\_  
\_\_\_\_\_

Has this person been the subject of any disciplinary action by your organization?

No  Yes If yes, please describe the finding(s) and the penalty. \_\_\_\_\_  
\_\_\_\_\_

Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time?

No  Yes Explain: \_\_\_\_\_  
\_\_\_\_\_

Affix seal

\_\_\_\_\_  
Name of Registrar or Designate (please print)

\_\_\_\_\_  
(Signature of Registrar or Designate)

\_\_\_\_\_  
Date