



COVID-19 Special Registration for Cross Jurisdictional Telepractice

Prince Edward Island College of Occupational Therapists
 P.O. Box 2248, Stn Central, Charlottetown, PE C1A 8B9
 Phone: 902-626-8323
www.peiot.org

During the COVID-19 Pandemic, PEICOT is expediting cross jurisdictional telepractice in situations where occupational therapy services are being provided/continued from a different jurisdiction. Occupational therapists may be eligible for a Special Registration (3 month short-term registration) for up to 90 days to provide services via telepractice. Eligibility includes having current licensing in another Canadian jurisdiction and professional liability insurance. A Letter of Good Standing/Regulatory History is required from your current jurisdiction. PEICOT is not charging a license fee for this service.

| General Information | | |
|------------------------------------|-----------------|-------------|
| Legal First Name | Legal Last name | Middle Name |
| Mailing Address | | Telephone # |
| Jurisdiction of Current Licensing: | | License # |
| Email Address | | |

Registration Category

Temporary Provisional License for Cross Jurisdictional Telepractice (90 days)

Education in Occupational Therapy

| Degree | University | Prov/State | Country | Year of Graduation |
|--------|------------|------------|---------|--------------------|
| | | | | |

Conduct

If you answer “yes” to any of these questions, please provide additional information.

| | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | a) Have you ever been refused registration by an occupational therapy regulatory organization? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | b) Have you ever had your occupational therapy license revoked or suspended? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | c) Do you have any terms, limitations or conditions in effect or outstanding on your current/previous license/registration? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | d) Have you ever been found guilty of an offence related to the practice of occupational therapy or another profession? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | e) Have you ever been the subject of, or are you currently facing, a complaint or investigation related to the practice of occupational therapy, or in another profession? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | f) Have you been convicted of a criminal, drug, or traffic offence, excluding minor traffic offenses such as parking or speeding? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | g) Are you currently under criminal investigation or have a pending criminal or civil court date? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | h) Is there anything else that could/would afford reasonable grounds for the belief that you may lack the knowledge, skill, judgment to practice safely and ethically as an occupational therapist (eg, health condition, etc.)? |

Professional Liability Insurance

Do you have professional Liability Insurance? Yes No

Please provide verification of professional malpractice insurance with your application.

Required Documentation:

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|---|--|
| 1. Completed PEICOT Special Registration for Cross Jurisdictional Telepractice Form | |
| 2. Verification of professional liability insurance. | |
| 3. Regulatory History Form/Letter of Good Standing requested from current jurisdiction of OT licensing. Forms are available on respective websites. The completed forms will be forwarded directly to PEICOT from the licensing body. | |

Employment Profile: If you do not have an offer of employment please skip this section

Practice Site 1: Primary Employment

| | |
|------------------------------------|---|
| Employer Name | Postal Code |
| Address | Country |
| City | Telephone |
| Province | Fax |
| Start date or return to work date: | Postal Code reflects site of practice: Yes <input type="checkbox"/> No <input type="checkbox"/> |

Employment Category:

- Permanent** (indeterminate duration of employment and guaranteed or fixed hours per week)
 Part time (your usual hours of practice are less than 30 hrs per wk.)
 Self-Employed (a person who operates his or her own economic enterprise in OT)

Employment Status:

- Full time** (your usual hour of practice are 30 hrs or more per wk)
 Temporary (fixed duration of employment, based on a defined start and end date)
 Casual (on an as-needed basis)

Primary Role:

- Administrator Manager Professional Leader/Coordinator Direct Service Provider Educator Researcher Other

Description of Work to be provided via Telepractice:

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Declaration and Signature

I, _____ (print your name) understand that I have been provided with a temporary provisional license for a period of 30 days to provide occupational therapy services via telepractice to residents of Prince Edward Island during the COVID-19 pandemic. This license may be extended for the duration of the pandemic restrictions. Once the pandemic restrictions are lifted in Prince Edward Island, this license will be null and void and continued telepractice will be subject to licensing requirements at the time of application.

I hereby authorize the Prince Edward Island College of Occupational Therapists (PEICOT) to obtain information from other regulatory bodies, educational institutions, present and former employers, and any other sources for the purposes related to my registration and qualification. A photocopy of my signature on this page is my sufficient and irrevocable authority for these persons or entities to release this information to PEICOT. **Initial** _____

I am aware that the PEICOT is required to maintain a public register. My name, license # and employer information may be provided upon request. **Initial** _____

I agree to abide by the PEI Regulated Health Professions Act, Occupational Therapists Regulations, By-laws, Code of Ethics, PEI Personal Health Information Act and any relevant guidelines. **Initial** _____

I, hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that the Board reserves the right to verify any information I provide. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of registration. **Initial** _____

Applicant Signature _____

Date: _____

For expediency please return completed registration packages to:

Heather Cutcliffe, Registrar
Prince Edward Island College of Occupational Therapists
139 Cutcliffe Road, Borden-Carleton, PE C0B 1X0

Phone: 902-626-8323
Email: hkcutcliffe@gmail.com