

Please submit your completed As of Right Form and proof of payment of the \$45.20 As of Right fee to registration@coto.org. **Form sections marked with an asterisk* are mandatory.** Confirmation of your authorization to practice in Ontario will be issued via email upon approval of your completed form and fee. Incomplete forms or forms submitted without payment are not accepted. If there are any issues, we will contact you to discuss prior to approval.

IMPORTANT: After receiving your completed form, we will contact you via email to set up your COTO Portal account. You are required to login to the COTO Portal and complete the standard registration application and upload all required supporting documents within 6 months of receiving authorization to practice in Ontario through the As of Right legislation.

SECTION 1* – GENERAL INFORMATION | Please provide the best way to be contacted by the College.

Legal First Name	Legal Last Name	Legal Middle Name
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Previous Legal First Name (if you have changed your name since graduation)

Previous Legal Last Name (if you have changed your name since graduation)

Home Address (Number, Street Name, Unit/Apartment)

City	Province/Territory	Country
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Postal Code	E-mail Address (A personal email that you can access at all times is recommended.)
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Telephone ()

SECTION 2* – EMPLOYER AND START DATE IN ONTARIO

Please confirm whether you are currently employed and, if applicable, provide your anticipated start date. Please note that physical presence is required in order to practice in Ontario.

Employer’s Name and Address if known:

Anticipated Start Date:

DD/MM/YYYY

Note: The eligibility period for authorization to practice begins the later of the date of receipt of this As of Right form, or the “Anticipated Start Date indicated above.

SECTION 3* – PROFESSIONAL REGISTRATION IN CANADIAN JURISDICTION

Provide Details of Current Registration(s) in a Canadian Jurisdiction(s)

Regulatory body	Province/ State	Registration number	Registration status	Initial date of registration (MM/YYYY)	Expiry date

SECTION 4* – PROFESSIONAL LIABILITY INSURANCE

I hold professional liability insurance in Ontario, or I hold professional liability insurance coverage that extends coverage to Ontario.

Provide Details:

Insurance Provider	Expiry date DD/MM/YYYY	Certificate number

SECTION 5* – ATTESTATION “AS OF RIGHT” LEGISLATION

“As of Right” legislation in Ontario allows qualified occupational therapists from out-of-province to work in Ontario while completing their registration with College of Occupational Therapists of Ontario (COTO).

To pursue an application under “As of Right”, and to engage in the practice of occupational therapy in Ontario prior to my providing proof of having provided all required registration information to COTO and obtaining registration, I agree and attest as follows:

I, _____, wish to engage in the practice of occupational therapy in Ontario.

Please ensure all checkboxes are checked and the attestation form is signed and dated.

I hold the equivalent of an Ontario General Practising Certificate of registration from a Canadian jurisdiction.

I have applied for registration with COTO.

There has been no finding of professional misconduct, incompetence or incapacity about or against me in a proceeding related to the profession.

I am not the subject of any current professional misconduct, incompetence or incapacity proceeding, or any similar proceeding related to the profession.

I have not been denied registration with a Canadian regulatory body within two years of applying for registration in Ontario.

I agree that I will only provide professional services to residents of Ontario while I am physically present in Ontario.

SECTION 6* – DECLARATION

Knowingly giving a false response to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Ontario Health Professions Procedural Code.

1. I understand that I will be deemed by the College of Occupational Therapists of Ontario (the “College”) not to have satisfied the requirements and qualifications for a certificate of registration if, in connection with this application or any past application, I have made a false or misleading representation, either because of what was stated or left unstated.
2. I understand it is a precondition for my registration with the College to submit the required fee for my attestation.
3. I further acknowledge to have reviewed the College’s regulatory, policy and process-related documents as they apply to me in the context of this application.
4. I agree that during the processing of my application I will immediately notify the College in writing of anything that renders any response to the questions in my attestation or my application, although true and complete when made, no longer true and complete. I understand that failure to notify the College of any such thing may void any certificate of registration that results from my application.



5. I understand that I will no longer be authorized to practice in Ontario if I no longer satisfy a condition listed in the Attestation section of this form, or if, within six months following the day I first began providing professional services in Ontario, a certificate of registration has not been issued to me or my application for a certificate has been rejected.
6. I understand that by submitting an application for registration to the College, and any registration with the College that may result, shall authorize the College to make such inquiries about me of any kind that it considers appropriate in connection with this application, and disclose information about me to other regulatory bodies or licensing authorities, federations of licensing authorities, schools where I am or have been enrolled (including as a resident), and hospitals and other institutions, departments or clinics to which I apply for appointment or employment.
7. I understand that any certificate of registration that results from my application is void and is deemed to have always been void if I have made any false or misleading representation or declaration on or in connection with my application, whether by commission or omission.
8. I understand that this Attestation is valid commencing on the date my application is submitted to the College and that this Attestation will remain in force and effect during my application and until I no longer hold a certificate of registration issued by the College.
9. I understand that knowingly making a false representation for the purposes of obtaining a certificate of registration is an offence, and on conviction may result in a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence (s. 92(1) Health Professions Procedural Code).

I agree to all of the above.

Signature of the Applicant	Date DD/MM/YYYY
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SECTION 7* - PAYMENT

LABOUR MOBILITY (“AS OF RIGHT” APPLICATION) FEE: \$45.20 (\$40.00 + \$5.20 HST)

Amount must be paid in full, no partial payments accepted. If paying through your bank, please provide proof of payment once available so we can complete processing on our end. Confirmation of your authorization to practice in Ontario will be issued via email upon approval of your completed form and fee.

IMPORTANT: After receiving your form, we will contact you via email to set up your COTO Portal account. You are required to login to the COTO Portal to complete the standard application for registration and upload all required supporting documents **within 6 months** of receiving authorization to practice in Ontario through the As of Right legislation.

PAYMENT METHOD – ONLINE BANKING

Name of Bank:	<input type="radio"/> BMO <input type="radio"/> CIBC <input type="radio"/> RBC <input type="radio"/> Scotia <input type="radio"/> TD <input type="radio"/> Other _____					
Confirmation Number:						
Questions?						
Email: registration@coto.org Phone: 1-800-890-6570 /416-214-1177, ext 230 Fax: 416-214-0851 www.coto.org						
For Office Use Only:						
As of Right Account ID#	Date Processed:		Authorization #			

Confidentiality and public access to information

In the course of carrying out its regulatory activities, the College of Occupational Therapists of Ontario collects, uses and discloses personal information in accordance with the *Regulated Health Professions Act, 1991*, and the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under those statutes. While these regulatory activities are not of a commercial nature and therefore not subjected to the federal *Personal Information Protection and Electronic Documents Act*, the College promotes the privacy of personal information in a manner consistent with its Privacy Code.

The purpose for collecting the information on this application is to assist the College in pursuing its regulatory activities, for example, knowing where people work if a complaint comes in, planning quality assurance initiatives that will best assist members, and providing professional information such as registration status, work contact information to members of the public, and for national and provincial reporting for the purpose of health human resource planning.

While most information in the hands of the College is strictly confidential, the College is required and/or permitted by the *Regulated Health Professions Act, 1991* (Section 2, Section 23) and the College bylaws (Section 17) to make certain information about registrants available to the public. Health human resource planning information is anonymized before it is shared.