



## REGULATORY HISTORY CONFIRMATION FORM

*Please complete and return directly to the Registrar, New Brunswick Association of Occupational Therapists, PO Box 4506, Rothesay, N.B. E2E 5X2*

**To be completed by applicant :**

**Applicant's Name :** \_\_\_\_\_ **License # :** \_\_\_\_\_  
**Applicant's Address :** \_\_\_\_\_  
**Applicant's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**Witness's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

*I am applying for registration to practice as an occupational therapist in the province of New Brunswick. The New Brunswick Association of Occupational Therapists (NBAOT) requires verification of registration from each province/ jurisdiction wherein I hold or have held a license or have been registered. This is your authorization to release any information in your files, favorable or otherwise, directly to the NBAOT at the address indicated above.*

**To be completed by regulatory body :**

**Has this person ever been licensed to practice occupational therapy in your jurisdiction ?**  
 No       Yes ....Dates : \_\_\_\_\_

**Are there any conditions/restrictions to his/her license to practice occupational therapy ?**  
 No       Yes ....Describe : \_\_\_\_\_  
 \_\_\_\_\_

**Has this person been the subject of any disciplinary action by your board within the past five (5) years ?**  
 No       Yes....What was the wrongful conduct 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 : \_\_\_\_\_  
 \_\_\_\_\_

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

Affix seal : \_\_\_\_\_ Name of Regulatory Body and address : \_\_\_\_\_  
 \_\_\_\_\_  
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