New Brunswick Association of Occupational Therapists
c/o The Registrar, NBAOT
P. O. Box 4506,
Rothesay, NB E2E 5X2
Telephone: Work: 1-(888) 896-2244

See accompanying pages for codes and instructions

PERSONAL

Registration Number ☐

Name: _____
  Address: _____
  City/Town/Prov: _____
  Postal Code: _____ *Phone:* _____
  E-mail: _____

Work Address: _____
  City/Town/Prov: _____
  Postal Code: _____
  Phone: _____ *Fax:* _____

1. Registration Status (code) ☐☐
2. Membership Status (code) ☐☐
A. CAOT Member?   Yes ☐ No ☐ Number ☐
B. OEQ Member?   Yes ☐ No ☐ Number ☐
C. Other Memberships?   Yes ☐ No ☐
  Specify: _____
  _____

D. Regulation Requirement - # of Hours of professional practice:
Apr 1/18 - Mar 31/19 _____ hrs   Apr 1/21 - Mar 31/22 _____ hrs
Apr 1/19 - Mar 31/20 _____ hrs   Apr 1/22 - Mar 31/23 _____ hrs
Apr 1/20 - Mar 31/21 _____ hrs

E. Previous province/Territory/State/Country (if applicable)
  of Residence ☐☐☐ /of Employment ☐☐☐ /of Registration ☐☐☐
       (code)   (code)   (code)

F. Registration Number in Previous Jurisdiction _____

3. Gender   F ☐   M ☐   **4.** Year of Birth ☐☐☐☐   **5.** I prefer material in English ☐ or French ☐
6. I am **able** to provide services in the following language(s) (code) ☐☐ and ☐☐ If 99, specify language(s) _____

7. EDUCATION

7A. Occupational Therapy Education ONLY

Level	University/College (Code)	Graduation Year	Province (code)	At/After Entry to Work Force
Diploma	☐☐ _____ if 98 or 99, specify	☐☐☐☐	☐☐	☐ at entry ☐ after entry
Bachelor	☐☐ _____ if 98 or 99, specify	☐☐☐☐	☐☐	☐ at entry ☐ after entry
Master	☐☐ _____ if 98 or 99, specify	☐☐☐☐	☐☐	☐ at entry ☐ after entry
PhD	☐☐ _____ if 98 or 99, specify	☐☐☐☐	☐☐	☐ at entry ☐ after entry

7B. Other Education ONLY

Level (code)	Discipline /Faculty (code)	University/College	Graduation Year	Province (code)
☐☐	☐☐ _____ if 99, specify	_____	☐☐☐☐	☐☐
☐☐	☐☐ _____ if 99, specify	_____	☐☐☐☐	☐☐
☐☐	☐☐ _____ if 99, specify	_____	☐☐☐☐	☐☐
☐☐	☐☐ _____ if 99, specify	_____	☐☐☐☐	☐☐

Optional (8, 9)

8. Area(s) of Experience (code)   ☐☐.☐ & ☐☐.☐ & ☐☐.☐ & ☐☐.☐
  If code 99, specify _____

9. Area(s) of Special Interest (code)   ☐☐.☐ & ☐☐.☐ & ☐☐.☐ & ☐☐.☐
  If code 99, specify _____

EMPLOYMENT

10. Total number of years employed in OT ☐

11. Total years employed in OT in N.B. ☐

12. If not employed in OT, seeking employment in OT?
  Yes ☐   No ☐

13. Is the majority of your work from self-employment?
  Yes ☐   No ☐

14. Current Employment Situation (code) ☐☐

See Reverse

Registration Year: 2 0 2 3

See accompanying pages for codes and instructions

Registration Number

15. EMPLOYMENT: PLEASE COMPLETE EMPLOYMENT PROFILE AS OF DATE OF REGISTRATION

EMPLOYMENT 1:

A. Employed in OT? Yes ☐ No ☐   **B.** Employment Type ☐☐ (code)   **C.** Funding Source ☐☐ (code)   **D.** Commenced Employment ☐☐☐☐ Year ☐☐ Month

E. Facility/Agency/Company _____

F. City/Town _____   Postal Code _____   Province ☐☐☐ (code)

G. Role (code)	H. Service Location (code)	I. Client Base (code)	J. Level of Client (code)	K. Language of Service (code)	L. Area of Practice (code)	M. Average Hours per week
☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐.☐
☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐.☐
☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐.☐

EMPLOYMENT 2:

A. Employed in OT? Yes ☐ No ☐   **B.** Employmen Type ☐☐ (code)   **C.** Funding Source ☐☐ (code)   **D.** Commenced Employment ☐☐☐☐ Year ☐☐ Month

E. Facility/Agency/Company _____

F. City/Town _____   Postal Code _____   Province ☐☐☐ (code)

G. Role (code)	H. Service Location (code)	I. Client Base (code)	J. Level of Client (code)	K. Language of Service (code)	L. Area of Practice (code)	M. Average Hours per week
☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐.☐
☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐.☐
☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐ →	☐☐.☐

By signing this registration form, I hereby agree to be bound to and comply with the terms of the Act, By-Laws and Regulations of the New Brunswick Association of Occupational Therapists.

According to regulations, I hold current membership with the Canadian Association of Occupational Therapists or with the Ordre des Ergotherapeutes du Quebec.

Date: _____   Signature: _____

Office Use Only: Date Received _____   Amount Received _____   Receipt Number _____