

Registration Year: 2025

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/Province: []
Postal Code: [] Phone: []
E-mail: []

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: []

Work Address: []
City/Town/Province: []
Postal Code: []
Phone: [] Fax: []

D. Regulation Requirement - # Hours of professional practice:
April 1/20 - Mar 31/21 [] hrs April 1/23 - Mar 31/24 [] hrs
April 1/21 - Mar 31/22 [] hrs April 1/24 - Mar 31/25 [] hrs
April 1/22 - Mar 31/23 [] hrs
E. Previous Province/Territory/State/Country (if applicable)
of Residence []/of Employment []/of Registration []
F. Registration Number in Previous Jurisdiction []

3. Identity

A. Gender F [] M [] Another Gender [] Prefer not to answer []
B. Indigenous Identity [] and [] and [] C. Racialized Group [] and [] and []
4. Year of Birth [] 5. I prefer materials 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

Table with 5 columns: Level, University/College (Code), Graduation Year, Province (Code), At/After Entry to Workforce. Rows include Diploma, Bachelor, Master, PhD.

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) []

Table with 5 columns: Level (code), Discipline/Faculty (code), University/College, Graduation Year, Province (code). Rows for other education.

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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
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EMPLOYMENT 2:
 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
<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
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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 _____