

Registration Year:

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

1. Registration Status (code)

Name: \_\_\_\_\_

2. Membership Status (code)

Address: \_\_\_\_\_

A. CAOT Member? Yes  No  Number

City/Town/Prov: \_\_\_\_\_

B. OEQ Member? Yes  No  Number

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

C. Other Memberships? Yes  No

E-mail: \_\_\_\_\_

Specify: \_\_\_\_\_

Work Address: \_\_\_\_\_

D. Regulation Requirement - # of Hours of professional practice:

Apr 1/21- Mar 31/22 \_\_\_\_\_ hrs Apr 1/24 - Mar 31/25 \_\_\_\_\_ hrs

Apr 1/22- Mar 31/23 \_\_\_\_\_ hrs Apr 1/25 - Mar 31/26 \_\_\_\_\_ hrs

Apr 1/23 - Mar 31/24 \_\_\_\_\_ hrs

City/Town/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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	<input type="text"/> <input type="text"/> _____ <small>if 98 or 99, specify</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
Bachelor	<input type="text"/> <input type="text"/> _____ <small>if 98 or 99, specify</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
Master	<input type="text"/> <input type="text"/> _____ <small>if 98 or 99, specify</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
PhD	<input type="text"/> <input type="text"/> _____ <small>if 98 or 99, specify</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry

**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)

7B. Other Education ONLY				
Level (code)	Discipline /Faculty (code)	University/College	Graduation Year	Province (code)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ <small>if 99, specify</small>	_____	<input type="text"/> <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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See Reverse

Registration Year: 2026

New Brunswick Association of Occupational Therapists  
c/o The Registrar, NBAOT  
P. O. Box 3122,  
Sackville, NB E4L4P2

Telephone: Work: 1-(888) 896-2244 Fax: 1-(888) 896-2299

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
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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
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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 \_\_\_\_\_