



# Saskatchewan Society of Occupational Therapists

## REGULATORY HISTORY FORM

Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Name & address of Occupational Therapy Regulatory Authority)

to answer the following questions on my registration status for the completion of the Regulatory History Confirmation Form (below) to the Saskatchewan Society of Occupational Therapists.

|   |
|---|
| While in your province I was registered for these dates _____<br>under the name(s) _____<br>My registration number was _____ Date of Birth ____/____/____ |
|---|

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

### Regulatory History Confirmation

1(a) Has this person ever been licensed or registered to practice occupational therapy in your jurisdiction?  
 No  Yes  Current

Dates: \_\_\_\_\_

1(b) Are or were there any conditions/restrictions to his/her license or registration to practice occupational therapy in your jurisdiction?  
 No  Yes

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

2. Has this person been the subject of any disciplinary action by your organization?  No  Yes  
If yes, please describe the findings and the penalty: \_\_\_\_\_  
\_\_\_\_\_

3. Is there any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time?  
 No  Yes

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Registrar or Designate (Please Print)

Please  
affix  
seal

\_\_\_\_\_  
(Signature of Registrar or Designate)

\_\_\_\_\_  
(Date)

**Making Everyday Tasks Reachable**