



Saskatchewan Society of Occupational Therapists

APPLICATION FOR STUDENT MEMBERSHIP

IMPORTANT: This application must be accompanied by a letter from the applicant's Occupational Therapy program stating that the applicant is currently enrolled in the program. Applications will not be processed without this letter.

PERSONAL DATA:

Mr. Mrs. Ms. Miss _____
Last First

If you were employed or educated under a different name, please list: _____

Home Address: _____

_____ City Prov Postal Code

Home Phone Number: (____) _____ e-mail: _____

POST-SECONDARY EDUCATION

1. Educational institution which you attend: _____

Address: _____

Anticipated Year of Graduation: _____

Diploma or Degree that will be attained: _____

2. Educational institution attended (other): _____

Address: _____

Year of Graduation: _____

Diploma or Degree that was attained: _____

ADDITIONAL INFORMATION:

Are you a recipient of a Saskatchewan Government Bursary? Yes No

If YES, for what duration? _____

Have you ever:

a) Been suspended, disqualified, censured, reprimanded or had disciplinary action instituted against you as a member of any body of occupational therapists? Yes No

b) Been suspended, disqualified, censured, reprimanded or had disciplinary action instituted against you as a member of any profession? Yes No

c) Been denied any membership, license or permit by any body of occupational therapists? Yes No

d) Been denied any membership, license or permit by any profession or governmental authority, the procurement of which required proof of good moral character? Yes No

e) Been suspended by or expelled from any post-secondary educational institution? Yes No

If any of the above questions are answered affirmatively, give full details on a separate sheet

I certify the above and enclosed information to be true, correct and complete:

DATE _____ SIGNATURE _____

The student membership year runs for the duration of your attendance at the stated Occupational Therapy Entry Level Program

There is no fee for a student membership with the Saskatchewan Society of Occupational Therapists

ADMINISTRATIVE USE ONLY

Date application received: _____

Date registration card mailed: _____ Number _____ Registrar _____