



Agreement to Terms of the Restricted Licence Process

Name of restricted licence applicant: _____

Intended date of commencement of employment under restricted licence*: _____

Employer (name, address and phone number): _____

Under no circumstances may any applicant call themselves an occupational therapist or commence employment as an occupational therapist in Saskatchewan (including employee orientation) until they have received notification by the registrar of the success of their application for a restricted licence.

We, the undersigned, have read and understood the terms of the restricted licence as outlined in the restricted licence handbook and agree to abide by them. We understand that the licence will be revoked by the registrar if the terms are not adhered to.

Signature of applicant: _____ Date: _____

Name of employer: _____

Signature of employer: _____ Date: _____

Name of Designated OT: _____ SSOT licence # _____

Signature and professional designation: _____

Name of approved supervisor (if designated OT not available): _____

Signature and professional designation: _____

Name of clinical mentor (if designated OT not available): _____

Signature and professional designation: _____

(Space below this line for office use only)

Completed form received in SSOT office. Date: _____

Notified registrar/executive director that completed form received.

Signature: _____ Date: _____