



# SCOT

Saskatchewan College of  
Occupational Therapists

## Agreement to Terms of the Re-entry Program

Name of re-entry candidate: \_\_\_\_\_

Re-entry program intended start date: \_\_\_\_\_

Employer/Site Manager (Name, Address, Phone Number):

\_\_\_\_\_  
\_\_\_\_\_

\* Under no circumstances may any re-entry candidate call themselves an occupational therapist or commence the re-entry program as an occupational therapist in Saskatchewan (including supervised practice orientation) until they have received notification by the registrar of the success of their application for a practising licence for the purpose of the re-entry program.

**We, the undersigned, have read and understood the terms of the re-entry program as outlined in the re-entry handbook and agree to abide by them. We understand that the re-entry candidate's licence will be revoked by the registrar if the terms are not adhered to.**

Signature of re-entry candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of employer/site manager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registration & Licensing Committee Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

Name of re-entry supervisor: \_\_\_\_\_ SCOT Licence # \_\_\_\_\_

Signature and Professional Designation: \_\_\_\_\_

\*\*\*\*\*

**(Space below this line for office use only)**

Completed form received in SCOT Office. Date: \_\_\_\_\_

Notified Registrar/Executive Director that completed form received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_