



SSOT

Saskatchewan Society 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: _____ SSOT Licence # _____

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: _____