

Re-entry Program Application Form

Name: _____

1. Total number of years as an Occupational Therapist: _____

2. Date last employed as an Occupational Therapist: _____

3. Since the date of last practice, indicate below the different activities you have been involved in, which have some connection to the occupational therapy profession:

Type of activity	Dates of involvement	Approximate time spent	Description of activity	Relation to occupational therapy
A. VOLUNTEER ACTIVITIES				
1.				
2.				
3.				
B. PAID EMPLOYMENT				
1.				
2.				
C. SELF-DIRECTED ACTIVITIES (IE. WRITING, ETC.)				
1.				
2.				



4. Please provide a current resume.

5. List ways and dates you have maintained contact with the profession and/or health care field since you were last employed as an Occupational Therapist. Attach additional pages as needed.
 - a. Conferences attended
 - b. Internet professional lists subscribed to
 - c. Professional journals and/or books read
 - d. Workshops attended
 - e. Professional committees you have worked on
 - f. Organizations you currently belong to

I understand that I am providing information contained in this document and my resume for the purpose of setting up a re-entry program with SSOT. I understand that information contained in this document and my resume will be seen by SSOT staff, the SSOT registrar, and members of the registration and licensing committee as needed to set up the re-entry program.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____

Printed Name: _____