

Registration Year:

New Brunswick Association of Occupational Therapists

c/o The Registrar, NBAOT

P. O. Box 3122,

Sackville, NB E4L4P2

Telephone: Work: 1-(888) 896-2244 Fax: 1-(888) 896-2299

See accompanying pages for codes and instructions

PERSONAL

Registration Number

1. Registration Status (code)

Name: _____

2. Membership Status (code)

Address: _____

A. CAOT Member? Yes No Number

City/Town/Prov: _____

B. OEQ Member? Yes No Number

Postal Code: _____ Phone: _____

C. Other Memberships? Yes No

E-mail: _____

Specify: _____

Work Address: _____

D. Regulation Requirement - # of Hours of professional practice:

Apr 1/13 - Mar 31/14 _____ hrs Apr 1/16 - Mar 31/17 _____ hrs

Apr 1/14 - Mar 31/15 _____ hrs Apr 1/17 - Mar 31/18 _____ hrs

Apr 1/15 - Mar 31/16 _____ hrs

City/Town/Prov: _____

Postal Code: _____

Phone: _____ Fax: _____

E. Previous province/Territory/State/Country (if applicable)

of Residence /of Employment /of Registration

F. Registration Number in Previous Jurisdiction _____

3. Gender F M

4. Year of Birth

5. I prefer material in English or French

6. I am able to provide services in the following language(s) (code) and If 99, specify language(s) _____

7. EDUCATION

7A. Occupational Therapy Education ONLY				
Level	University/College (Code)	Graduation Year	Province (code)	At/After Entry to Work Force
Diploma	<input type="text"/> <input type="text"/> _____ if 98 or 99, specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
Bachelor	<input type="text"/> <input type="text"/> _____ if 98 or 99, specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
Master	<input type="text"/> <input type="text"/> _____ if 98 or 99, specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
PhD	<input type="text"/> <input type="text"/> _____ if 98 or 99, specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry

Optional (8, 9)

8. Area(s) of Experience (code) &
& &
If code 99, specify _____

9. Area(s) of Special Interest (code) &
& &
If code 99, specify _____

EMPLOYMENT

10. Total number of years employed in OT

11. Total years employed in OT in N.B.

12. If not employed in OT, seeking employment in OT?
Yes No

13. Is the majority of your work from self-employment?
Yes No

14. Current Employment Situation (code)

7B. Other Education ONLY				
Level (code)	Discipline /Faculty (code)	University/College	Graduation Year	Province (code)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ if 99, specify	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____ if 99, specify	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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See Reverse

Registration Year: 2018

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15. EMPLOYMENT: PLEASE COMPLETE EMPLOYMENT PROFILE AS OF DATE OF REGISTRATION

EMPLOYMENT 1:

A. Employed in OT? Yes No B. Employment Type (code) C. Funding Source (code) D. Commenced Employment Year Month

E. Facility/Agency/Company _____

F. City/Town _____ Postal Code _____ Province (code)

G. Role (code)	H. Service Location (code)	I. Client Base (code)	J. Level of Client (code)	K. Language of Service (code)	L. Area of Practice (code)	M. Average Hours per week
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EMPLOYMENT 2:

A. Employed in OT? Yes No B. Employment Type (code) C. Funding Source (code) D. Commenced Employment Year Month

E. Facility/Agency/Company _____

F. City/Town _____ Postal Code _____ Province (code)

G. Role (code)	H. Service Location (code)	I. Client Base (code)	J. Level of Client (code)	K. Language of Service (code)	L. Area of Practice (code)	M. Average Hours per week
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By signing this registration form, I hereby agree to be bound to and comply with the terms of the Act, By-Laws and Regulations of the New Brunswick Association of Occupational Therapists.

According to regulations, I hold current membership with the Canadian Association of Occupational Therapists or with the Ordre des Ergotherapeutes du Quebec.

Date: _____

Signature: _____

Office Use Only: Date Received _____ Amount Received _____ Receipt Number _____