Ordre des ergothérapeutes du Québec

OEQ

Confirmation of issuance of a legal authorization to practice the profession of occupational therapist in Canada outside Québec and regulatory history form

1. SECTION TO BE COMPLETED BY THE PERSON REQUESTING A SPECIAL AUTHORIZATION

Please complete subsections 1.1, 1.2, 1.3 (if applicable), 1.4 and then send this form to the regulatory body of which you are a member, so that the latter can complete section 2, below.

1.1 IDENTIFICATION

_____ _____ ☐ Male ☐ Female

Surname Name

_____

Address

_____

City Province/State Postal Code

_____

Date of birth (YYYY/MM/DD)

1.2 CONTEXT OF PRACTICE OF REQUESTED ACTIVITIES

As part of my request for special authorization, I declare that I want to practice occupational therapy (please check the applicable box(es):

☐ Via telepractice from the jurisdiction in which I am a member, with clients located in Quebec;
☐ Via telepractice from Quebec, with clients located in the jurisdiction in which I am a member;
☐ Via telepractice from a jurisdiction other than that in which I am a member and other than that of Quebec, with clients located in Quebec;
☐ In presence in Quebec, with clients located in Quebec.

1.3 ACTIVITIES COVERED BY THE SPECIAL AUTHORIZATION REQUEST

To be completed only if you are a member of an occupational therapy regulatory body located <u>outside of Canada</u>

As part of my request for special authorization, I declare that I wish to carry out the following reserved activities (please check the applicable box(es):

☐ make a functional assessment of a person where required under an Act;
☐ assess neuromusculoskeletal function in a person having a physical function limitation or disability;
☐ provide treatment for wounds;
☐ assess a person suffering from a mental or neuropsychological disorder attested by the diagnosis or evaluation of an authorized professional;
☐ assess a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required;
☐ assess a handicapped student or a student with a social maladjustment with a view to formulating an individualized education plan in accordance with the Education Act;
☐ make decisions as to the use of restraint measures;
☐ make decisions as to the use of isolation measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons;

1.4 OCCUPATIONAL THERAPY REGULATORY BODY OF WHICH YOU ARE A MEMBER

Name of the regulatory body of which you are currently a member

License/member number

1.5 AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the regulatory body mentioned in section 1.4 to transmit to the *Ordre des ergothérapeutes du Québec* the information required under section 2, below.

Signature

Date (YYYY/MM/DD)

2. SECTION TO BE COMPLETED BY THE REGULATORY BODY

This section must be completed by the respondent of the regulatory body mentioned in section 1.4. The respondent must subsequently send this duly completed form to the *Ordre des ergothérapeutes du Québec*, at the address appearing in section 3, below.

2.1 IDENTIFICATION OF THE RESPONDENT

Name of the regulatory body that issued the authorization mentioned in section 1.4

Jurisdiction where the organization is located (province/state and country)

Name of respondent

Title

Phone number

E-mail

2.2 INFORMATION REGARDING LEGAL AUTHORIZATION TO PRACTICE THE PROFESSION

1. Does the person identified in section 1.1 hold a legal authorization issued by your regulatory body and currently valid allowing them to practice the profession of occupational therapist ?

☐ Yes ☐ No

If you answered “Yes”, please indicate:

Type of authorization (e.g. regular license, retired member, inactive member)

Authorization expiry date (YYYY/MM/DD)

2. Is the person identified in section 1.1. currently the subject of an exclusion, limitation or suspension of their right to practice or is the latter subject to restrictions or conditions ?

☐ Yes ☐ No

If you answered “Yes”, please specify:

The next question must only be answered if your occupational therapy regulatory body is located outside of Canada

3. I confirm that the person identified in section 1.1 is legally authorized to carry out in our jurisdiction the activity(ies) they wish to carry out as identified in section 1.3.

☐ Yes ☐ No

2.3 INFORMATION REGARDING PROFESSIONAL CONDUCT HISTORY

1. Is the person identified in section 1.1 currently the subject of an **inspection, investigation**, **prosecution** or other procedure of a similar nature relating to potential breaches relating to their competence and/or compliance with their ethical or professional obligations ?

☐ Yes ☐ No

2. Is the person identified in section 1.1 currently the subject of an i**nvestigation** or other procedure of a similar nature relating to a potential **physical or psychological state incompatible with the exercise of their profession** ?

☐ Yes ☐ No

3. Do you have reason to believe that the person identified in section 1.1 should not be authorized to practice the profession of occupational therapist in Quebec?

☐ Yes ☐ No

If you answered "Yes" to one of the questions above, please send us a copy of the decision or the information you have in this regard :

2.4 RECOURSE

I confirm that our organization will process and assume the costs relating to the processing of any complaint or report concerning the services offered by the person identified in section 1.1 in the practice context(s) selected by the latter in section 1.2, above:

☐ Yes ☐ No

2.5 SIGNATURE OF RESPONDENT

I solemnly declare that all the information provided in section 2 of this form is accurate and complete.

Signature : _____ Date : _____
(YYYY/MM/DD)

3. TRANSMISSION

The regulatory body must send this duly completed form, accompanied by all required documents, if applicable, to OEQ:

- By **e-mail** at admission@oeq.org

  or

- By **postal mail** to : Admission
  Ordre des ergothérapeutes du Québec
  2021, avenue Union, bureau 920
  Montréal (Québec) H3A 2S9

The information collected by this form is necessary for the exercise of the responsibilities of the Order of Occupational Therapists of Quebec. They are collected for the purposes of processing your request for issuance of special authorization to control the exercise of the profession, protection of the public and statistics. They will be accessible to authorized personnel of the Order as well as to any other person authorized to receive them under the law. Any person who applies for the issuance of a special authorization covered by this form is required to complete the form in full and attach the required documents, failing which their application may be refused. Anyone can have access to their file and have information corrected. To do so, please send a written request to this effect to the person responsible for access to OEQ documents at servicesjuridiques@oeq.org .