



Ordre
des ergothérapeutes
du Québec

Certificate of professional liability insurance

1. SECTION TO BE COMPLETED BY APPLICANT FOR SPECIAL AUTHORIZATION

Please complete subsections 1.1 and 1.2 and then forward this form to your professional liability insurer for completion of section 2 (page 2) below.

1.1 IDENTIFICATION

First name

Name

Address (no, street)

Appartment

City

Province/Country

Postal Code

Date of birth (YYYY/MM/DD)

Gender:

O F

O M

1.2 OCCUPATIONAL THERAPY REGULATORY ORGANIZATION OF WHICH YOU ARE A MEMBER

Name of occupational therapy regulatory organization of which you are currently a member

Member no.

1.3 PROFESSIONAL LIABILITY INSURANCE

Name of the insurer with whom you hold a professional liability insurance policy covering your activities as an occupational therapist

Policy no.

Expiry date

1.4 PARAMETERS OF THE SPECIAL AUTHORIZATION REQUEST

I wish to obtain from the Ordre des ergothérapeutes du Québec (OEQ) a special authorization allowing me to practice occupational therapy within the following parameters:

Reserved activities covered by the special authorization request

- 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.

Context of the activities required

- Through telepractice from your jurisdiction to clients located in Québec;
- Through telepractice from Québec to clients located in your jurisdiction;
- Through telepractice from a jurisdiction other than yours and Québec, with clients located in Québec;
- In presence in Québec, with clients located in Québec.

Period of validity of the special authorization requested

I request special authorization for a period of _____ months (max. 12 months; max. 70 hours/month).

1.4 AUTHORIZATION TO TRANSMIT INFORMATION

I authorize the insurer mentioned in section 1.3 to forward 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 INSURER IDENTIFIED IN SECTION 1.3

2.1 IDENTIFICATION OF INSURER AND INSURER'S GUARANTOR

Name of the insurer

Name of the respondent of the insurer

Title

Telephone

E-mail

2.1 CONFIRMATION OF INSURANCE COVERAGE

I confirm that:

- the person identified in section 1.1 holds professional liability insurance covering the performance of the activities covered by his or her application for special authorization in accordance with the parameters set out in section 1.4;
- this insurance is valid until _____;
- this insurance includes the following minimum conditions:

1° the insurer's commitment to guarantee for the insured an amount of \$1,000,000 per claim and \$3,000,000 for all claims submitted during the coverage period;

2° the insurer undertakes to pay on behalf of the insured, up to the amount of the guarantee, any sum that the insured may legally be required to pay to a third party as damages in respect of a claim presented during the guarantee period and resulting from fault or negligence committed by the insured in the practice of his profession;

3° the insurer's commitment to take up the insured's cause and defense in any action, other than disciplinary, brought against him/her, and to pay, in addition to the sums covered by the insurance, all legal costs and expenses resulting from actions against the insured, including those of the defense and interest on the amount of the insurance;

4° the insurer's commitment to extend coverage to any claim made against the insured or his heirs during the 5 years following those in which the insured is no longer obliged to maintain coverage against his liability;

5° the insurer's commitment to extend coverage to professional services rendered, or failure to render them, before the contract comes into force and until the end of the coverage period, provided the claim is made during the coverage period;

6° the insurer's commitment to extend coverage to any liability the insured may incur as a result of fault or negligence committed in the performance of their duties by employees or servants acting under their supervision.

2.5 SIGNATURE OF INSURER'S REPRESENTATIVE

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

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

The information collected on this form is necessary for the Ordre des ergothérapeutes du Québec to carry out its responsibilities. It is collected for the purpose of processing applications for special authorization, monitoring the practice of the profession, protecting the public and compiling statistics. It will be accessible to authorized Ordre personnel and to any other person authorized to receive it by law. Any person submitting a special authorization request covered by this form must complete Section 1 in full and ensure that Section 2 is completed by his or her insurer, failing which the request may be refused. Any person may access his or her file and have information corrected. To do so, please send a written request to the person responsible for access to OEQ documents at fortierc@oeq.org.