Ordre des ergothérapeutes du Québec
OEQ

REQUEST FOR RECOGNITION OF EQUIVALENCE AND ISSUANCE OF A LICENSE

By a person holding a master's degree in occupational therapy issued by a Canadian university outside Quebec for less than 3 years

1. CANDIDATE IDENTIFICATION

Surname _____ Name _____

Address _____

City _____ Province/Country _____ Postal code _____

Phone number _____ Email _____

Date of birth (YYYY/MM/DD) _____ Gender : ☐ Female ☐ Male

Native language : _____

Languages mastered: ☐ French ☐ English

2. DIPLOMA IN OCCUPATIONAL THERAPY OBTAINED

Please provide us with the following information regarding the master's degree in occupational therapy you obtained:

Name of diploma _____ Date of issuance (YYYY/MM/DD) _____

Name of university _____ City _____ Province _____

3. PROOF OF **KNOWLEDGE OF FRENCH**

Quebec professional orders can only issue a regular license to a person who has a knowledge of the French language appropriate to the exercise of the profession. A temporary license valid for a period of 1 year and renewable up to 3 times may however be issued to a graduate in occupational therapy outside Quebec and who is not able to provide accepted proof of knowledge of the French language. To enable us to validate your knowledge of the French language, please indicate which of these situations applies to you and send us the required proof:

	Situation	Proof to submit
☐	From and after the school year 1985-86, I obtained a high school diploma in Quebec.	• Copy of the diploma or certificate issued by the Ministère de l'Éducation du Québec; **or** • Copy of the transcript issued by the Ministère de l'Éducation stating that the diploma was obtained. ** NB: your secondary school diploma is not accepted proof*
☐	I have completed, full-time, no less than three years of secondary or post-secondary education provided in French;	• Copy of transcripts issued by the educational establishment. ** NB: the diploma from your secondary or college educational establishment is not accepted proof*
☐	I passed the the fourth or fifth year secondary level examinations in French as the first language;	• Copy of the transcript issued by the Ministère de l'Éducation du Québec.
☐	I passed the French examination from the Office québécois de la langue française (OQLF)	• Copy of the certificate issued by the OQLF to the effect that you have knowledge of the official language of Quebec appropriate to the exercise of the profession.
☐	None of the above	N/A - a temporary license will then be issued to you

4. MANDATORY DECLARATIONS

4.1 DISCIPLINARY DECISION

Have you ever been the subject of a **disciplinary decision** rendered in Quebec or elsewhere imposing one of the following sanctions on you:

Yes	No	
☐	☐	**revocation** of your license;
☐	☐	**removal** (even provisional) from the Roll;
☐	☐	**limitation** of your right to carry out professional activities;
☐	☐	**suspension** of your right to carry out professional activities.

If you answered "Yes" to one or more of the questions above, please attach the duly completed Declaration form of a disciplinary decision.

4.2 CRIMINAL DECISION

Have you ever been the subject of a decision rendered by a Canadian or foreign court declaring you **guilty of a criminal offense** (if you have obtained the **pardon** provided for in the Criminal Code (R.S.C. (1985), c. C-46) for this conviction, answer "No") ?

☐ Yes ☐ No

If you answered "Yes", please attach the duly completed Declaration form of a criminal conviction to your license application.

4.3 PENAL DECISION

Have you ever been the subject of a decision **rendered in Quebec** declaring you guilty of an **offense referred to** in **section 188 of the Quebec Professional Code** ?

☐ Yes ☐ No

Have you ever been the subject of a decision **rendered outside Quebec** declaring you guilty of **an offense which, if committed in Quebec, could have been the subject of penal proceedings under section 188 of the Quebec Professional Code** ?

☐ Yes ☐ No

If you answered "Yes" to any of these questions, please attach the duly completed Declaration form of a penal decision to your license application.

5. REGULATORY HISTORY FORM

Are you currently or have you ever been a member of another professional order or regulatory body in Quebec, Canada or elsewhere in the world?

☐ Yes ☐ No

If you answered "Yes", please attach to your license application a Professional regulatory history form duly completed by each regulatory body or order of which you are/were a member.

6. SIGNATURE

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

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

7. DOCUMENTS TO ATTACH

Please attach the required documents to this form:

7.1 MANDATORY DOCUMENTS

The following documents must be sent by any person requesting recognition of an equivalence and issuance of a permit under this form:

	Attached	To come
• Proof of successful completion of the master's program in occupational therapy:		
A. Certified copy of the **master's degree in occupational therapy** identified in section 2;	☐	☐
or		
B. **Certificate of successful completion** of the master's program in occupational therapy *This attestation is usually sent to the Order by the university program.*	☐	☐
• Proof of **knowledge of French**	☐	☐
• **File study fee of $147,17 ($128 + $6,40 GST + $12,77 QST)** *These fees are non-refundable. They can be paid by check, bank order or postal order, drawn from the Ordre des ergothérapeutes du Québec.*	☐	☐

7.2 REQUIRED DOCUMENTS, IF APPLICABLE

The following documents must be sent by any person who requests recognition of an equivalence and issuance of a permit under this form **and who is covered by them**:

	Attached	To come
• Declaration form of a **disciplinary decision** *(if you answered "Yes" to question 4.1)*	☐	☐
• Declaration form of a **criminal conviction** *(if you answered "Yes" to question 4.2)*	☐	☐
• Declaration form of a **penal decision** *(if you answered "Yes" to question 4.3)*	☐	☐
• Professional regulatory history form *(if you answered "Yes" to question 5)*	☐	☐

8. TRANSMISSION

Please return this duly completed form to us, accompanied by all the required documents:

- by email to: admission@oeq.org *Please attach a **scanned copy of your payment** in your email, then please **mail your payment** to us at the postal address appearing below;*

or

- by postal mail : 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 (Order). They are collected for the purposes of monitoring 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 member of the Order who has been the subject of a disciplinary decision covered by this form is required to complete this form in full, attach the required documents and return it to the Secretary General of the Order, at failing which he could be subject to disciplinary proceedings. Any person can have access to their file and have information corrected. To do this, please send a written request to this effect to the person responsible for access to OEQ documents to servicesjuridiques@oeq.org.