Ordre des ergothérapeutes du Québec

OEQ

APPLICATION FOR SPECIAL AUTHORIZATION

For a person legally authorized to practice the profession of occupational therapist outside Quebec

(Article 42.4 of the Professional Code)

This form must be completed by any person **legally authorized to practice the profession of occupational therapist outside Quebec** and who wishes to practice one or more of the reserved activities for members of *Ordre des ergothérapeutes du Québec* on a **temporary or ad-hoc basis** (maximum 70 hours per month for a maximum of 12 months) :

- in-**person**, in the province of Quebec, with clients located in Quebec;
  and/or
- via **telepractice** in either of these situations:
  - from your jurisdiction, with clients located in Quebec;
  - from Quebec to clients located in your jurisdiction;
  - from a jurisdiction other than yours and that of Quebec, with clients located in Quebec

1. GENERAL INFORMATION

Surname _____ Name _____ ☐ Male ☐ Female

Address _____

City _____ Province/State _____ Postal Code _____

Phone number _____ Email _____

Date of birth (YYYY/MM/DD) _____ Native language : _____

Mastered languages : ☐ French ☐ English

2. PROFESSIONAL TRAINING IN OCCUPATIONAL THERAPY

Please provide the following information regarding your occupational therapy diploma:

Name of diploma _____ Year of graduation _____

Name of university _____ City/Country _____

3. LEGAL AUTHORIZATION TO PRACTICE THE PROFESSION

3.1 IDENTIFICATION OF LEGAL AUTHORIZATION

Please provide the following information regarding the legal authorization to practice the occupational therapy profession that you hold:

_____

Name of regulatory body that issued the legal authorization:

Province / state/ country where the regulatory body is located

License/member number | Type of authorization (regular/retired/etc.) | Expiry date (YYYY/MM/DD)

3.2 PROOF OF LEGAL AUTHORIZATION

Please : 1) complete and sign section 1 of the Confirmation of Issuance of Legal Authorization to Practice the Profession of Occupational Therapist outside Québec and regulatory History Form

2) send the form to the regulatory body that issued your legal authorization identified in section 3.1, above, and ask them to:

- complete section 2 of the form;
- return the duly completed form to OEQ at the address appearing in section 7, below.

4. PARAMETERS OF THE REQUESTED AUTHORIZATION

4.1 ACTIVITIES COVERED BY THE REQUEST

Please **check all the activities covered by your request.** To understand what each activity involves, please consult : Guide des activités professionnelles de l'ergothérapeute (available in French only):

Reserved activities covered by the request (check all reserved activities planned)

- ☐ 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;

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Please select how the reserved activities will be carried out (check one or more that apply):

- ☐ Via telepractice from your jurisdiction, with clients located in Quebec
- ☐ Via telepractice from Quebec, with clients located in your jurisdiction
- ☐ Via telepractice from a jurisdiction other than yours and that of Quebec, with clients located in Quebec
- ☐ In-person in Quebec, with clients located in Quebec

4.2 CLIENTS CONCERNED BY THE REQUEST

Please identify:

The person(s) or group(s) of people with whom you will carry out the reserved activities chosen above (if applicable)	
Name	Address

The establishment on whose behalf these activities will be carried out (if applicable)	
Name	Address

4.3 PERIOD COVERED BY THE REQUEST

I am requesting special authorization for a period of _____months (max 12 months), starting on (YYYY/MM/DD) _____
During this period, I plan to carry out the activities chosen in section 5.1 for _____hours per month (max 70 hrs/month).
Note that "unused" hours for a given month cannot be used in subsequent months.

5. DECLARATION OF COMPETENCE AND UNDERTAKINGS

I declare that I have the knowledge and skills required to carry out the reserved activities requested at section 4.1;

I undertake to :

- provide the OEQ with proof of renewal of the legal authorization to practice the profession of occupational therapist referred to in section 3.1, if the latter expires in the period during which I hold a valid special authorization ;
- provide the OEQ with proof of renewal of my professional liability insurance policy, if the latter expires in the period during which I hold a valid special authorization ;
- immediately notify the OEQ of any limits, restrictions or conditions of practice imposed on me by any occupational therapy regulatory body during the period in which I hold a valid special authorization ;
- immediately inform the OEQ of any changes to the information provided on this form ;
- respect the conditions and restrictions of my special authorization ;
- inform the OEQ of the number of hours/month of reserved activities that I will have carried out, and this for all the months during which my special authorization will have been valid.

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

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

6. DOCUMENTS TO PROVIDE

The following documents must be sent by **any candidate who requests a special authorization** under this form:

	Provided	To come
• Form confirming the issuance of a legal authorization to practice the profession of occupational therapist outside Québec and professional regulatory history	☐	☐
• **Payment for the cost of the authorization** *Please send us a **check**, **bank money order** or **postal money order** (drawn at the Ordre des ergothérapeutes du Québec) in order to pay the required fees depending on the **duration** of the special authorization requested and your intention to subscribe (option B) or not (option A) to OEQ liability insurance (see table below). These fees are non-refundable.*	☐	☐

Duration of special authorization	Before taxes	Taxes inclused	Cost including subscription to OEQ professional liability insurance (18,26$)
< 1 mois	64 $	73,58 $	91,84 $
2 mois	128 $	147,17 $	165,43 $
3 mois	192 $	220,75 $	239,01 $
4 mois	256 $	294,34 $	312,60 $
5 mois	320 $	367,92 $	386,18 $
6 mois	384 $	441,50 $	459,76 $
7 mois	447 $	513,94 $	532,20 $
8 mois	511 $	587,52 $	605,78 $
9 mois	575 $	661,11 $	679,37 $
10 mois	639 $	734,69 $	752,95 $
11 mois	703 $	808,27 $	826,53 $
12 mois	767 $	881,86 $	900,12 $

7. TRANSMISSION

Please return this form dully completed, accompanied by all the required documents:

- By e-mail 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 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 .