

APPLICATION FOR SPECIAL AUTHORIZATION

for the practice of occupational therapy in Québec to provide telepractice services to clients due to the COVID-19 pandemic

General information

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname:	
Address:	
City:	Province/State:
Country:	Postal code/Zip code:
Phone number (Home):	(Other):
Email:	Date of birth:

Professional training in occupational therapy

Degrees relevant to occupational therapy

Title of diploma:	
Program:	
University:	
City:	Country:
Year of graduation:	
Title of diploma:	
Program:	
University:	
City:	Country:
Year of graduation:	

Membership in a professional order or a regulatory body

Which professional order(s), regulatory body or national body representative of the profession are you currently a member of? Since when?

Name of professional body, regulatory body or national body representative of the profession:	
Licence number:	Since what year have you been a member of this organization?
Name of professional body, regulatory body or national body representative of the profession:	
Licence number:	Since what year have you been a member of this organization?

- You must have the "Authorization to share information" form completed by each of the regulatory bodies concerned
- You must provide proof of professional liability insurance:
The person applying for a special authorization has the obligation to prove that he/she is covered for the entire duration of his/her telepractice in Québec by a professional liability insurance coverage meeting the requirements defined in the *Règlement sur l'assurance de la responsabilité professionnelle des ergothérapeutes*, Code des professions (L.R.Q., c.C-26, a 93, par. D).

Obligation to declare disciplinary or judicial decisions

Disciplinary decisions

Have you been the subject of a disciplinary decision by a regulatory body (other than the OEQ) or an equivalent professional body in another province or abroad imposing a penalty on you?

Yes No

If you checked "Yes", fill out the "**Déclaration d'une décision disciplinaire**" form and return it with your registration form, accompanied by a certified copy of the disciplinary decision.

Judicial decisions

Have you ever been the subject of a judgment of a Canadian or foreign court finding you guilty of a criminal offence?

Yes No

If you checked "Yes", complete the "**Déclaration d'une condamnation criminelle**" form and return it with your registration form, accompanied by a certified copy of the judicial decision.

Report of prosecution for an offence punishable by five years of imprisonment or more

Have you ever been prosecuted for an offence punishable by five years' imprisonment or more?

Yes No

If you checked "Yes", complete the "**Formulaire de déclaration - Poursuite pour une infraction punissable de cinq ans d'emprisonnement ou plus**" form and return it with the indictment or summons.

Penal decisions

Have you been the subject of a decision rendered in Québec finding you guilty of an offence under section 188 of the Code des professions?

Yes No

If you checked "Yes", complete the "**Formulaire de déclaration d'une décision pénale**" and return it with your registration form, together with a certified copy of the decision.

Have you been the subject of a decision rendered outside Québec finding you guilty of an offence which, if committed in Québec, could have been prosecuted under section 188 of the Code des professions?

Yes No

If you checked "Yes", complete the "**Formulaire de déclaration d'une décision pénale**" and return it with your registration form, together with a certified copy of the decision.

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Declaration of claim or claim to the professional liability insurer

Have you ever made a declaration of claims to the insurer with regard to your professional liability or has been the subject of a claim made against you by one of your clients (or an agent of the latter) with the insurer?

Yes No

If you checked "Yes", complete the "**Assurance responsabilité professionnelle - Renseignements à transmettre à l'Ordre en cas de déclaration de sinistre ou de réclamation**" form and return it with your registration form.

Planned professional activities

What are the professional activities you plan to do: (check below)

To provide telepractice services to clients due to the COVID-19 pandemic. Yes No

Other professional activities: Yes No

If you checked "Yes", please describe the other planned professional activities:

For what duration are you requesting the special authorization:

For the duration of the declared health emergency by the government of Québec Yes No

If you checked "No", please enter the period for which you are requesting the special authorization:

Documents to provide

Documents	Provided	To come	Not applicable	Administration
Form "Authorization to share information" Completed by the professional body	<input type="checkbox"/>	<input type="checkbox"/>		
Proof of professional liability insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>		
Statement of disciplinary decision, judicial decision or declaration of claim to the professional liability insurer (if applicable, attach the appropriate form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the information provided above is correct.

Signature

Date

For the purposes of this form, the fact that the applicant enters his name above is equivalent to his signature.

The information collected by this form is necessary for the exercise of the powers of the Ordre des ergothérapeutes du Québec. They are collected for the purposes of monitoring the practice of the profession, public protection and statistics. They will be accessible to authorized personnel of the Order as well as to any other person authorized to receive them by law. Everyone has the obligation to complete this form in full, failing which the requested authorization could be refused.

Anyone can have access to their file and have information corrected. To do this, please send a written request to the secretary of the Order.