



**Canadian Association of Occupational Therapists**

100-34 Colonnade Road, Ottawa, ON K2E 7J6  
E-mail: membership@caot.ca • Fax: (613) 523-2552  
Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number

**MEMBERSHIP REGISTRATION 2018/2019**  
Membership year commences October 1 (fees are not pro-rated)

Receive your confirmation of membership and insurance (if applicable) more quickly: Register online at [www.caot.ca](http://www.caot.ca)

**Please complete all information on this form.**

- ▶ Print information clearly.
- ▶ Sign the completed membership registration form before returning it to CAOT.
- ▶ Please provide your home address even though it may not be your primary mailing address.
- ▶ Specify the address you prefer for mailing.

*All selections made on this form (including membership, insurance policies, and other services) are valid during the membership year indicated above.*

**You are eligible to join CAOT as a member if you meet the following requirements:**

1. You are a Canadian citizen or have established your primary residency in Canada;

**AND**

- a. You have successfully completed the National Occupational Therapy Certification Examination (NOTCE);

**OR**

- b. You are or have been registered, without restrictions, with a Canadian occupational therapy regulatory body.

If you are writing the NOTCE within one year, you are also eligible to fill out this form. You will be considered a Provisional Associate until the successful completion of the NOTCE, at which time you will become a full Member.

**Personal details:**

First name			Middle name			Last name		
Date of Birth (Month) (Day) (Year)			Language Preference			<input type="checkbox"/> English <input type="checkbox"/> French		

**Home address:**  Preferred mailing address

Address					
City		Province		Postal code	
Country		Telephone		Email	

**Business address:**  Preferred mailing address

Employer					
Address					
City		Province		Postal code	
Country		Telephone		Email	

**Registration** Province of current registration with occupational therapy regulatory organization (check all that apply):

AB  BC  MB  NB  NS  NL  ON  PE  QC  SK  Not registered

**OT Now** Members receive complimentary online access to *Occupational Therapy Now (OT Now)* as part of their exclusive benefits. Receive 6 print issues (optional, no cost).  OT Now print copy



**Canadian Association of Occupational Therapists**

100-34 Colonnade Road, Ottawa, ON K2E 7J6  
 E-mail: membership@caot.ca • Fax: (613) 523-2552  
 Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number
---------------

**MEMBERSHIP REGISTRATION 2018/2019**  
 Membership year commences October 1 (fees are not pro-rated)

<b>Membership registration instructions</b>	<ol style="list-style-type: none"> <li>1. Check off all options that apply to you.</li> <li>2. Consult the schedule on page 3 of this form to determine the appropriate membership fee and applicable taxes.</li> <li>3. Review and include the fees and applicable taxes for any additional options you have selected [CAOT Professional Liability Insurance, Member and Associate Assistance Program (MAAP) and <i>Canadian Journal of Occupational Therapy (CJOT)</i>].</li> <li>4. Enter the appropriate amounts below.</li> <li>5. Calculate the total amount payable and select your method of payment.</li> <li>6. Review additional member benefits available online: GoodLife and FIND an OT.</li> </ol>
---	---

<input type="checkbox"/> <b>First-year CAOT membership fee. Available to first-time members ONLY.</b>	
---	--

<b>GST/HST on membership fee</b>	
----------------------------------	--

**CAOT Professional Liability Insurance – CAOT members are eligible to purchase Canada-wide Professional Liability Insurance coverage at competitive rates. The insurance packages offered by CAOT meet the requirements of all Canadian regulatory bodies. See page 3 for additional details and the amount payable.**

<b>Option 1.</b> Professional Liability Insurance (basic) (\$6,000,000), legal expenses (\$150,000) and criminal defense (\$175,000)	
--	--

<b>Option 2.</b> Professional Liability Insurance (basic) (\$10,000,000), legal expenses (\$200,000) and criminal defense (\$250,000)	
---	--

<b>Option 3.</b> Occupational Therapy Clinic Insurance - see page 4 to determine the amount payable.	
--	--

<i>(Manitoba, Saskatchewan, Ontario, Newfoundland and Quebec)</i> <b>PST on Professional Liability Insurance</b>	
--	--

<b>MAAP</b>	Enrol in the Member and Associate Assistance Program (optional, Canadian residents only). MAAP is a wellness program that provides up to 12 hours of professional counselling services when you or your family need support and guidance. Access in-person or telephone counselling for a range of issues such as financial, personal, family, work-related, eldercare and more: <b>\$68.00</b>
-------------	---

<i>(See page 4 to determine the amount payable)</i> <b>GST/HST on MAAP fee</b>	
--	--

<b>CJOT</b>	Receive 5 print issues (optional). Members receive complimentary online access to the <i>Canadian Journal of Occupational Therapy</i> as part of their exclusive benefits. Receive a printed copy of each CJOT issue in the mail as well: <b>\$20.00</b>
-------------	--

<b>Public Awareness</b>	Contribute to a special public awareness project (optional, any amount) to help raise the profile of occupational therapy in Canada. In 2018-19, funds will be used to promote 'FIND an OT' through targeted advertising on referrer websites. Suggested contribution: \$20.00
-------------------------	--

<small>CAOT GST REG. NO. R100759877 / QST 1020753675</small> <b>Total payment due</b>	
---	--

<b>Payment options</b>	Please make Canadian cheques or money orders payable to "CAOT". A fee of \$50.00 will be charged on all NSF items.
------------------------	--

Cheque enclosed   
  Money order   
  Visa   
  MasterCard   
  e-Transfer\*

<input style="width: 90%;" type="text"/> VISA / MasterCard	<input style="width: 80%;" type="text"/> / <input style="width: 80%;" type="text"/> Expiry date	<input style="width: 90%;" type="text"/> / <input style="width: 80%;" type="text"/> / <input style="width: 80%;" type="text"/> CVC	Your credit card security number is the last three digits of the number in the security strip on the back of your card.
---	--	---	---

Cardholder name \_\_\_\_\_ Signature \_\_\_\_\_

\* Please send the Email Money Transfer to **membership@caot.ca**. Please provide the answer to your security question in a separate email.

**Check this box if you are unable to provide a signature electronically. In doing so, you authorize us to charge the amount listed above and agree to comply with CAOT's Bylaws. Signature indicates agreement to abide by CAOT By-laws and Code of Ethics (available from www.caot.ca) and confirms eligibility for membership as indicated on page 1 of this form.**



**Canadian Association of Occupational Therapists**

100-34 Colonnade Road, Ottawa, ON K2E 7J6  
 E-mail: membership@caot.ca • Fax: (613) 523-2552  
 Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number
---------------

**MEMBERSHIP REGISTRATION 2018/2019**  
 Membership year commences October 1 (fees are not pro-rated)

Membership category	Base fee	AB, MB, NT, NU, SK, YT (5% GST)	ON (13% HST)	NB, NL, NS, PE (15% HST)	Outside Canada	BC, QC Fee	BC, QC (5% GST)
<b>Special First-Year Rate</b>	\$142.50	\$7.12	\$18.52	\$21.38	\$0.00	\$180.00	\$9.00

If you live in BC or QC, your membership fee is combined and includes both CAOT and CAOT-BC/CAOT and CAOT-QC. If you live in the Yukon, the Northwest Territories or Nunavut, you will automatically become a Member of CAOT-North when you renew your CAOT membership. Your membership fees includes both CAOT and CAOT-North.

**Refund policy: As stated in the CAOT by-laws, membership fees are non-refundable.**

**Professional Liability Insurance** — CAOT offers affordable insurance that is valid across Canada. Unlike insurance you may have through your employer, insurance purchased through CAOT is specifically designed to protect your individual interests. Insurance works on a claims-made basis, which means that you must carry insurance at the time a claim is made, regardless of when the incident occurred. Please note that to purchase endorsements or clinic coverage you must purchase Professional Liability Insurance and add these options to this policy. To purchase clinic insurance or for additional details regarding Professional Liability Insurance, please visit our website ([www.caot.ca](http://www.caot.ca)) or contact membership services by telephone : (800) 434-2268 or (613) 523-2268, ext. 225/246, or e-mail: membership@caot.ca.

	PST on insurance SK (6%)	PST on insurance MB, ON (8%)	PST on insurance QC (9%)	PST on insurance NL (15%)	All others
<b>Option 1</b> Professional Liability Insurance (Basic) (\$6,000,000), Legal Expenses (\$150,000) and Criminal Defense (\$175,000). Includes loss of earnings coverage.					
Individuals who graduated in 2018 are eligible for a 50% discount. <b>\$29.50</b>	\$1.77	\$2.36	\$2.66	\$4.42	\$0.00
Individuals who graduated in 2017 are eligible for a 25% discount. <b>\$44.25</b>	\$2.66	\$3.54	\$3.98	\$6.64	\$0.00
Individuals who are or will be on parental leave for 6 or more consecutive months between October 1, 2018 and September 30, 2019 are eligible for a 50% discount. <b>\$29.50</b>	\$1.77	\$2.36	\$2.66	\$4.42	\$0.00
All others. <b>\$59.00</b>	\$3.54	\$4.72	\$5.31	\$8.85	\$0.00
<b>Option 2</b> Professional Liability Insurance (Basic) (\$10,000,000), Legal Expenses (\$200,000) and Criminal Defense (\$250,000). Includes loss of earnings coverage					
Individuals who graduated in 2018 are eligible for a 50% discount. <b>\$48.50</b>	\$2.91	\$3.88	\$4.36	\$7.28	\$0.00
Individuals who graduated in 2017 are eligible for a 25% discount. <b>\$72.75</b>	\$4.37	\$5.82	\$6.55	\$10.91	\$0.00
Individuals who are or will be on parental leave for 6 or more consecutive months between October 1, 2018 and September 30, 2019 are eligible for a 50% discount. <b>\$48.50</b>	\$2.91	\$3.88	\$4.36	\$7.28	\$0.00
All others <b>\$97.00</b>	\$5.82	\$7.76	\$8.73	\$14.55	\$0.00

**DISCLOSURE**  
 BMS is the managing broker and is responsible for placing your insurance coverage(s) referenced above, as well as providing additional services, including dedicated resources and risk management. The above information provides a breakdown of the total annual cost for each line of coverage.

Coverage Options	Limit	Premium	*BMS Fee	Total Cost
CAOT Professional Liability Insurance				
Option 1	\$6M/\$6M	\$49	\$10	\$59
Option 2	\$10M/\$10M	\$87	\$10	\$97
OTA/PTA	\$6M/\$6M	\$59	\$0	\$59
Individual Associate	\$6M/\$6M	\$49	\$10	\$59

Coverage Options	Limit	Premium	*BMS Fee	Total Cost
CAOT Clinic Professional Liability Insurance				
Option 1	\$6M/\$6M	\$53	\$10	\$63
Option 2	\$10M/\$10M	\$61	\$10	\$71

\* In addition to the information above, BMS also receives a commission from the insurer. Commission may vary depending on a number of factors, including the insurance purchased and the insurer. For more information, contact BMS Group at 1-855-318-6024 or [caot.insurance@bmsgroup.com](mailto:caot.insurance@bmsgroup.com).

**FIND an OT** Be listed, be found (optional, Canadian residents only, **online only**). FIND an OT is a national online listing of occupational therapists that helps you to be found by referral agents, clients and colleagues. To create or renew your FIND an OT profile login to My Account at <http://www.caot.ca> and use the 'FIND an OT' menu.

		AB, BC, MB, NT, NU, SK, YT (5% GST)	QC (5% GST + 9.975% QST)	ON (13% HST)	NB, NL, NS, PE (15% HST)
<b>Option 1</b> - Name, province served, 1 area of practice, ages of clients served, phone number and email.	<b>FREE</b>	NA	NA	NA	NA
<b>Option 2</b> - Name, address/location, province served, 3 areas of practice, ages of clients served, languages, email, website and phone number.	<b>\$50.00</b>	\$2.50	\$7.49	\$6.50	\$7.50
<b>Option 3</b> - Name, address/location, province served, 5 areas of practice, ages of clients served, hours of operation, languages, email, website and phone number.	<b>\$75.00</b>	\$3.75	\$11.23	\$9.75	\$11.25
<b>Option 4</b> - Name, address/location, province served, 9 areas of practice, ages of clients served, hours of operation, languages, email, website, phone number, photo, logo, 50 word bio and social media links.	<b>\$100.00</b>	\$5.00	\$14.98	\$13.00	\$15.00



**Canadian Association of Occupational Therapists**

100-34 Colonnade Road, Ottawa, ON K2E 7J6  
 E-mail: membership@caot.ca • Fax: (613) 523-2552  
 Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number
---------------

**MEMBERSHIP REGISTRATION 2018/2019**  
 Membership year commences October 1 (fees are not pro-rated)

Member and Associate Assistance Program (MAAP)				
Fee \$68.00	AB, BC, MB, NT, NU, SK, YT (5% GST) \$3.40	QC (5% GST + 9.975% QST) \$10.18	ON (13% HST) \$8.84	NB, NL, NS, PE (15% HST) \$10.20

<b>GoodLife</b>	Receive up to 55% off the regular price of a GoodLife/Energie Cardio membership (optional, Canadian residents only, <b>online only</b> ). For pricing, information, and to register or renew your GoodLife/Energie Cardio membership visit <a href="http://register.goodlifefitness.com/english">http://register.goodlifefitness.com/english</a>
-----------------	--

**Occupational Therapy Clinic Insurance** Clinic owners who are occupational therapists must have Professional Liability insurance through CAOT in order to purchase Clinic insurance.

Name and address of clinic		<input type="checkbox"/> Check box if address is the same as business address on page 1	
Clinic name			
Clinic address			
City		Province	Postal code
Country	Business telephone	Email	

Coverage Options	Cost	PST on insurance SK (6%)	PST on insurance MB, ON (8%)	PST on insurance QC (9%)	PST on insurance NL (15%)	All others
<b>Option 1</b> Limits: \$6,000,000 / \$6,000,000.	\$63.00	\$3.78	\$5.04	\$5.67	\$9.45	\$0.00
<b>Option 2</b> Limits: \$10,000,000 / \$10,000,000.	\$71.00	\$4.26	\$5.68	\$6.39	\$10.65	\$0.00



**Canadian Association of Occupational Therapists**

100-34 Colonnade Road, Ottawa, ON K2E 7J6  
 E-mail: membership@caot.ca • Fax: (613) 523-2552  
 Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number

**MEMBERSHIP PROFILE SURVEY 2018-2019**

The following information is requested to ensure a current membership profile. Please complete all sections. Check all applicable boxes according to the instructions in each section. CAOT utilizes this information when representing the profession, facilitating networking and appropriate referrals, and for research purposes. It is important that all members provide this information upon joining CAOT and update it annually when renewing.

**Referrals/Release of information**

I consent to the receipt of communications, as well as the publication/communication of my name, employer(s), contact address(es), e-mail address and telephone number(s) to third parties for the purpose of communication/solicitation by such third parties, or as a professional resource for the following purposes:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Recruitment mailings	<input type="checkbox"/> Product advertising mailings	<input type="checkbox"/> Research survey

**Academic achievements/pursuits** Indicate one 2-digit code in the boxes provided for the three highest degrees that you have obtained in your academic history.

**Occupational therapy - Level of education**

<p>10 Certificate/Diploma</p> <p>20 Baccalaureate</p> <p>30 Unspecified Master's</p> <p>31 Professional Master's</p> <p>32 Research Master's</p> <p>40 Doctorate</p> <p>99 Unknown</p>	<p>Basic education</p> <p>Level of post-basic education</p> <p>Level of post-basic education</p>	<p><input type="text"/> <input type="text"/> School _____ Year obtained _____ Country _____</p> <p><input type="text"/> <input type="text"/> School _____ Year obtained _____ Country _____</p> <p><input type="text"/> <input type="text"/> School _____ Year obtained _____ Country _____</p>
--	--	---

**Client ages** Please select one 2-digit code in the box provided indicating client ages in your primary employment.

10 Preschool Age (< 4 yrs)	30 Adults (18-64 yrs)	44 All	99 Unknown	<input type="text"/> <input type="text"/> Primary employment
20 School Age (4-17 yrs)	40 Seniors (65 yrs+)	50 Other		
21 Mixed Children (0-17 yrs)	41 Mixed Adults (18+ yrs)	98 N/A		

**Sector** Please select one.

I work in :  Public  Private  Public & Private  N/A  Other \_\_\_\_\_

**Services** Please indicate which area(s) of service apply to your work. Select all that are applicable with all employers.

<p>101 Advocacy <input type="checkbox"/></p> <p>102 Adaptation and equipment <input type="checkbox"/></p> <p>103 Alternative therapy <input type="checkbox"/></p> <p>105 Assistive technology <input type="checkbox"/></p> <p>115 Caregiver support and education <input type="checkbox"/></p> <p>120 Case management <input type="checkbox"/></p> <p>123 Chronic disease management <input type="checkbox"/></p> <p>125 Pain management <input type="checkbox"/></p> <p>126 Client education <input type="checkbox"/></p> <p>128 Cognitive and behavioral therapy <input type="checkbox"/></p> <p>131 Cognitive &amp; perceptual assessment and intervention <input type="checkbox"/></p> <p>135 Community development <input type="checkbox"/></p> <p>138 Counselling and supportive services <input type="checkbox"/></p> <p>155 Crisis emergency services <input type="checkbox"/></p> <p>160 Disability management <input type="checkbox"/></p> <p>161 Driving assessment and rehabilitation <input type="checkbox"/></p> <p>167 Dysphagia/feeding/swallowing <input type="checkbox"/></p> <p>171 End-of-life/palliative care <input type="checkbox"/></p> <p>175 Ergonomics <input type="checkbox"/></p> <p>187 Ethics <input type="checkbox"/></p>	<p>193 Functional capacity <input type="checkbox"/></p> <p>195 Functional mobility assessment and intervention <input type="checkbox"/></p> <p>197 Generalist <input type="checkbox"/></p> <p>198 Gross and fine motor skills <input type="checkbox"/></p> <p>200 Hand therapy <input type="checkbox"/></p> <p>201 Health promotion/wellness <input type="checkbox"/></p> <p>202 Healthy aging/aging in place <input type="checkbox"/></p> <p>204 Home assessment and modification <input type="checkbox"/></p> <p>208 Housing and urban planning <input type="checkbox"/></p> <p>215 Independent living assessment <input type="checkbox"/></p> <p>218 Insurance assessment <input type="checkbox"/></p> <p>220 Leadership training <input type="checkbox"/></p> <p>221 Life care planning <input type="checkbox"/></p> <p>222 Life skills <input type="checkbox"/></p> <p>223 Medical/ legal <input type="checkbox"/></p> <p>225 Neonatal care <input type="checkbox"/></p> <p>230 Neurodevelopmental treatment <input type="checkbox"/></p> <p>233 Occupational balance/schedule <input type="checkbox"/></p> <p>241 Orthotics and prosthetics <input type="checkbox"/></p> <p>246 Physical rehabilitation <input type="checkbox"/></p> <p>251 Policy development <input type="checkbox"/></p>	<p>254 Program development <input type="checkbox"/></p> <p>256 Psychotherapy <input type="checkbox"/></p> <p>257 Research <input type="checkbox"/></p> <p>259 Return to work <input type="checkbox"/></p> <p>261 School readiness/skills <input type="checkbox"/></p> <p>263 Seating/wheelchair assessment and design <input type="checkbox"/></p> <p>266 Sensory integration and processing <input type="checkbox"/></p> <p>269 Splinting <input type="checkbox"/></p> <p>270 Stress, anxiety and/or emotions management <input type="checkbox"/></p> <p>274 Substances use and addictions <input type="checkbox"/></p> <p>276 Teaching/education and professional training programs <input type="checkbox"/></p> <p>277 Vehicle modification <input type="checkbox"/></p> <p>281 Vocational rehabilitation <input type="checkbox"/></p> <p>285 Writing assessment and intervention <input type="checkbox"/></p> <p>290 Workplace health and safety <input type="checkbox"/></p> <p>295 Worksite assessment and interventions <input type="checkbox"/></p> <p>298 Universal design <input type="checkbox"/></p> <p>997 Other <input type="checkbox"/></p> <p>998 N/A <input type="checkbox"/></p>
---	---	--



**Canadian Association of Occupational Therapists**

100-34 Colonnade Road, Ottawa, ON K2E 7J6  
 E-mail: membership@caot.ca • Fax: (613) 523-2552  
 Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number
---------------

**MEMBERSHIP PROFILE SURVEY 2018-2019**

Areas of practice Please indicate all that apply for all employers.		
<b>Physical health systems</b>		
010	Mental health	<input type="checkbox"/>
020	Neurological/Neuromuscular	<input type="checkbox"/>
030	Musculoskeletal	<input type="checkbox"/>
040	Cardiovascular & respiratory	<input type="checkbox"/>
050	Digestive/Metabolic/Endocrine	<input type="checkbox"/>
<b>Additional areas of direct service</b>		
060	General physical health	<input type="checkbox"/>
070	Vocational rehabilitation	<input type="checkbox"/>
080	Palliative/End-of-life care	<input type="checkbox"/>
090	Health promotion and wellness	<input type="checkbox"/>
100	Other areas of direct service provision	<input type="checkbox"/>
<b>Areas of client management</b>		
120	Client service management	<input type="checkbox"/>
130	Medical/Legal related client service management	<input type="checkbox"/>
<b>Research</b>		
150	Research	<input type="checkbox"/>
<b>Education</b>		
140	Teacher	<input type="checkbox"/>
<b>Administration</b>		
110	Service administration	<input type="checkbox"/>
160	Other area of practice	<input type="checkbox"/>
<b>Other</b>		
998	N/A	<input type="checkbox"/>

VOLUNTEERING For more volunteer opportunities, visit <a href="http://www.caot.ca">www.caot.ca</a>	
Will you consider being a volunteer as part of the CAOT Volunteer Program – <i>Get Involved?</i> (e.g. Talk to an OT, exhibit booth, community education etc.)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No, not at this time
Will you consider becoming a mentor to support CAOT Mentorship on Demand?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No, not at this time