



**Canadian Association of Occupational Therapists**

103 - 2685 Queensview Drive, Ottawa, ON K2B 8K2

E-mail: membership@caot.ca • Fax: (613) 523-2552

Tel: (800) 434-2268 or (613) 523-2268, ext. 601

Member number

**FIRST YEAR  
MEMBERSHIP REGISTRATION**

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

**I hereby declare that I meet the following requirements:**

<p>1. I am a Canadian citizen or have established my primary residency in Canada;</p> <p><b>AND</b></p> <p>a. I have successfully completed the National Occupational Therapy Certification Examination (NOTCE);</p> <p><b>OR</b></p> <p>b. I am or have been registered, without restrictions, with a Canadian occupational therapy regulatory body.</p>	<p>2. I have <b>never been a paying</b> member of CAOT.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Signature <input style="width: 150px; height: 20px;" type="text"/></p> <p>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. <b>The Monthly Payment Plan is not available for pre-orders.</b></p>
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Personal details			
First name	Middle name	Last name	
Preferred Pronouns (optional)	Date of Birth (Month) (Day) (Year)	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	

Home address			
<input type="checkbox"/> Preferred mailing address			
Address			
City	Province	Postal code	
Country	Telephone	Email	

Business address			
<input type="checkbox"/> 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):
	<input type="checkbox"/> AB <input type="checkbox"/> BC <input type="checkbox"/> MB <input type="checkbox"/> NB <input type="checkbox"/> NS <input type="checkbox"/> NL <input type="checkbox"/> ON <input type="checkbox"/> PE <input type="checkbox"/> QC <input type="checkbox"/> SK <input type="checkbox"/> Not registered

WFOT	I allow CAOT to provide the World Federation of Occupational Therapists my email address to activate my complimentary WFOT membership <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Membership registration instructions**

1. Check off all options that apply to you.
2. Consult the schedule on page 3 of this form to determine the appropriate membership fee and applicable taxes.
3. If purchasing CAOT/BMS Professional Liability Insurance, complete and sign the Insurance Declaration on page 4
4. Review and include the fees and applicable taxes for any additional options you have selected and enter the appropriate amounts below.
5. Calculate the total amount payable and select your method of payment.
6. Review additional [member benefits](#) available online: GoodLife, Perkopolis and FIND an OT.

First-year CAOT membership fee. Available to first-time members ONLY.  Full Fee  Monthly Payment Program\* \* Canadian Residents only - see page 3 for details.

**GST/HST on membership fee**

**CAOT Professional Liability Insurance – The insurance packages offered by CAOT meet the requirements of all Canadian regulatory bodies. See page 3 for additional details and the amount payable.**

**The Insurance Declaration Form (page 4) must be completed and signed to purchase insurance.**

**Option 1.** Professional Liability Insurance (basic) (\$6,000,000), legal expenses (\$150,000) and criminal defense (\$175,000)

**Option 2.** Professional Liability Insurance (basic) (\$10,000,000), legal expenses (\$200,000) and criminal defense (\$250,000)

(Manitoba, Saskatchewan, Ontario, Newfoundland and Quebec) **PST/QST on Professional Liability Insurance**

**MAAP** Enroll in the Member and Associate Assistance Program (optional, Canadian residents only). MAAP is a wellness program that provides professional counseling services when you or your family need support and guidance. Access in-person or telephone counseling for a range of issues such as financial, personal, family, work-related, elder-care and more: **\$68.00**

(See page 4 to determine the amount payable) **tax on MAAP fee**

**COTF Donation** CANADIAN OCCUPATIONAL THERAPY FOUNDATION (COTF) DONATION (optional) - If you choose to donate to COTF, an official income tax receipt will be issued for amounts of \$25.00 or more. I would like to donate to COTF in the amount of:

\$5.00     \$10.00     \$25.00     \$50.00     Other amount \$ \_\_\_\_\_

Yes  No By checking yes, I understand that CAOT will share my contact details with COTF for receipt purposes for amounts of \$25.00 or more.

CAOT GST REG. NO. R100759877 / QST 1020753675 **Total payment due**

**Payment options** 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\*

/  /  Your credit card security number is the last three digits of the number in the security strip on the back of your card.

VISA / MasterCard    Expiry date    CVC

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

\* Please send the Email Money Transfer to [membership@caot.ca](mailto:membership@caot.ca). Please provide the answer to your security question in a separate email.

I agree to pay my membership fees in monthly installments and accept the [Terms and Conditions](#) as presented in the Monthly Membership Program Agreement. The valid credit card above is to be saved securely in my profile for monthly payments. Signature \_\_\_\_\_

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](http://www.caot.ca)) and confirms eligibility for membership as indicated on page 1 of this form.

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



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**FIRST YEAR  
MEMBERSHIP REGISTRATION**

Membership category	Base fee	AB, MB, SK (5% GST)	ON (13% HST)	NB, NL, NS, PE (15% HST)	Outside Canada	BC, NT, NU, QC, YT Chapter Fee	BC, NT, NU, QC, YT (5% GST)
<b>First-Year Membership - Full fee</b>	<b>\$142.50</b>	\$7.12	\$18.52	\$21.38	\$0.00	<b>\$180.00</b>	\$9.00
<b>First-Year Membership - Monthly Payment fee *</b>	<b>\$11.87/mo.</b>	\$0.59/mo.	\$1.54/mo.	\$1.78/mo.	N/A *	<b>\$15.00/mo.</b>	\$0.75/mo.

If you live in BC, NT, NU Qc or YT your membership fee is combined and includes both your CAOT and CAOT-BC, CAOT-North or CAOT-Qc Chapter fees. If you live in Saskatchewan, you will automatically become a member of your provincial chapter when you renew your CAOT membership.

**\*The Monthly Payment Program is available to Canadian Residents only and is not available for pre-orders** - add 1 monthly fee charge + applicable taxes to the First Year Membership Fee section on page 2 of this form **if** selecting the Monthly Payment Program option. Additional monthly fees will be billed and charged to the credit card provided on the 15th of each month for eleven consecutive months after your initial registration is processed. Please read the **Terms and Conditions** as presented in the Monthly Membership Program Agreement at <https://www.caot.ca/site/mbrp/monthlytermsofuse>.

**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. **To purchase insurance, the Insurance Declaration form (page 4) must be completed, signed and submitted with your registration form.** 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. 601, or e-mail: membership@caot.ca.

Insurance Cost	Total Taxes on Insurance					
Purchase CAOT Professional Liability Insurance coverage	SK (6% PST)	MB (7% PST)	ON (8% PST)	QC (9% QST)	NL (15% PST)	All others
<b>OPTION 1.</b> Professional Liability Insurance (Basic) (\$6,000,000), Legal Expenses (\$150,000) and Criminal Defense (\$175,000)						
<input type="checkbox"/> Individuals who are or will be on parental leave for 6 or more consecutive months of their own membership year are eligible for a 50% discount. <b>\$36.50</b>	\$2.19	\$2.56	\$2.92	\$3.28	\$5.48	\$0.00
<input type="checkbox"/> All others. <b>\$73.00</b>	\$4.38	\$5.11	\$5.84	\$6.57	\$10.95	\$0.00
<b>OPTION 2.</b> Professional Liability Insurance (Basic) (\$10,000,000), Legal Expenses (\$200,000) and Criminal Defense (\$250,000)						
<input type="checkbox"/> Individuals who are or will be on parental leave for 6 or more consecutive months of their own membership year are eligible for a 50% discount. <b>\$63.50</b>	\$3.81	\$4.44	\$5.08	\$5.72	\$9.52	\$0.00
<input type="checkbox"/> All others. <b>\$127.00</b>	\$7.62	\$8.89	\$10.16	\$11.43	\$19.05	\$0.00

Please note that parental leave options are available to members who are, or will be on parental leave for 6 or more consecutive months of their own membership year.

**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	\$63	\$10	\$73
Option 2	\$10M/\$10M	\$117	\$10	\$127

Coverage Options	Limit	Premium	*BMS Fee	Total Cost
CAOT Professional Liability Insurance				
OTA/PTA	\$6M/\$6M	\$76	\$0	\$76
Individual Associate	\$6M/\$6M	\$76	\$0	\$76

\* 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).

**MAAP**

Enroll in the Member and Associate Assistance Program (optional, Canadian residents only). MAAP is a wellness program that provides professional counseling services when you or your family need support and guidance. Access in-person or telephone counseling for a range of issues such as financial, personal, family, work-related, elder-care and more: **\$68.00**

<b>Fee \$68.00</b>	<b>AB, BC, MB, NT, NU, SK, YT (5% GST)</b> \$3.40	<b>QC (5% GST + 9.975% QST)</b> \$10.18	<b>ON (13% HST)</b> \$8.84	<b>NB, NL, NS, PE (15% HST)</b> \$10.20
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**CAOT - ACE**

Canadian Association of Occupational Therapists  
Association canadienne des ergothérapeutes

## LIABILITY INSURANCE DECLARATION

In choosing to apply for Professional Liability Insurance, the insurer asks that you respond to the following. Please note that if you have previously reported a past professional liability claim or circumstance to CAOT's liability insurance program broker, BMS Canada Risk Services Ltd. (BMS), you can select "Yes" and proceed with your purchase.

If you are not able to select "Yes", please contact CAOT membership services by phone 1-800-434-2268 ext. 601 or email [membership@caot.ca](mailto:membership@caot.ca) who will connect you with BMS to facilitate the completion of your insurance application.

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I declare that, in the past 5 years, I have not been the recipient of a claim which could be covered under this policy, and I am not aware of any circumstances which could lead to a claim under this policy.

I further declare that during the last five years no insurer has cancelled, declined, or refused to issue me any form of individual and/or clinic professional liability insurance and that this application discloses the hazards known to exist at the date of this application.

- YES**, I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.
- NO**, I am unable to declare that the statements made herein are in every respect true and correct. I will contact CAOT membership services by phone 1-800-434-2268 ext. 601, or email [membership@caot.ca](mailto:membership@caot.ca) to facilitate the completion of my insurance application.

Signature \_\_\_\_\_



Check this box if you are unable to provide a signature electronically.

**Are you an independent contractor or business owner?**

Yes

No

If yes, CAOT's liability insurance program broker, BMS Canada, advises that you may have other exposures and risks that are not covered by your individual Professional Liability Insurance policy. You will be receiving an email from CAOT with contact information and next steps.



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**MEMBERSHIP PROFILE SURVEY**

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.

**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**

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

**Client ages** Please select one.

**Client ages in Primary employment:**

Preschool Age (< 4 yrs)	<input type="checkbox"/>	Mixed Children (0-17 yrs)	<input type="checkbox"/>	Seniors (65 yrs+)	<input type="checkbox"/>	All ages	<input type="checkbox"/>
School Age (4-17 yrs)	<input type="checkbox"/>	Adults (18-64 yrs)	<input type="checkbox"/>	Mixed Adults (18+ yrs)	<input type="checkbox"/>		

**Sector** Please select one.

**I work in :**

Public clinical setting	<input type="checkbox"/>	Public non-clinical setting	<input type="checkbox"/>	Public & Private	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Private clinical setting	<input type="checkbox"/>	Private non-clinical setting	<input type="checkbox"/>	Other	_____		

**I primarily identify with the role** Please select one.

Clinical occupational therapist in hospital	<input type="checkbox"/>	Clinical occupational therapist in schools	<input type="checkbox"/>	Occupational therapist educator	<input type="checkbox"/>
Clinical occupational therapist in rehabilitation	<input type="checkbox"/>	Clinical occupational therapist in long-term care	<input type="checkbox"/>	Occupational therapist researcher	<input type="checkbox"/>
Clinical occupational therapist in community	<input type="checkbox"/>	Clinical occupational therapist in other clinical settings	<input type="checkbox"/>	Occupational therapist in other non-clinical setting	<input type="checkbox"/>
Clinical occupational therapist in private practice	<input type="checkbox"/>	Occupational therapist manager or administrator	<input type="checkbox"/>	Retired occupational therapist	<input type="checkbox"/>

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

Acute care	<input type="checkbox"/>	Fieldwork/Education	<input type="checkbox"/>	Palliative/EOL care	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	Forensic mental health	<input type="checkbox"/>	Parental health	<input type="checkbox"/>
Assistive technology	<input type="checkbox"/>	Generalist	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Autism/Neurodiversity	<input type="checkbox"/>	Global health	<input type="checkbox"/>	Policy development	<input type="checkbox"/>
Brain injury/Concussion/Spinal cord	<input type="checkbox"/>	Hand therapy	<input type="checkbox"/>	Poverty/Homelessness	<input type="checkbox"/>
Cancer care	<input type="checkbox"/>	Health promotion & wellness	<input type="checkbox"/>	Primary care	<input type="checkbox"/>
Caregiver/ Family education	<input type="checkbox"/>	Home assessment & modification	<input type="checkbox"/>	Psychotherapy	<input type="checkbox"/>
Cardio-respiratory care	<input type="checkbox"/>	Independent living & housing	<input type="checkbox"/>	Research	<input type="checkbox"/>
Case management	<input type="checkbox"/>	Indigenous health	<input type="checkbox"/>	Return to work	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	Insurance assessment	<input type="checkbox"/>	Role-emerging	<input type="checkbox"/>
Chronic pain	<input type="checkbox"/>			Sensory integration & processing	<input type="checkbox"/>
Climate change/Planetary health	<input type="checkbox"/>	Intensive critical care unit (ICU)/ Emergency department (ED)	<input type="checkbox"/>	Sexuality & gender	<input type="checkbox"/>
Cognition	<input type="checkbox"/>	Leadership & change agency	<input type="checkbox"/>	Service/Business administration	<input type="checkbox"/>
Community care/Crisis/Development	<input type="checkbox"/>	Medical-legal services	<input type="checkbox"/>	Substance use/Addictions	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Mental health	<input type="checkbox"/>	Universal & inclusive design	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>	MSK rehabilitation	<input type="checkbox"/>	Veteran Affairs or Armed Forces	<input type="checkbox"/>
Driver assessment & rehabilitation	<input type="checkbox"/>	MVA rehabilitation	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Dysphagia & digestive disorders	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Women's health	<input type="checkbox"/>
Equipment assessments	<input type="checkbox"/>	Older adults	<input type="checkbox"/>	Workplace health & safety	<input type="checkbox"/>
Equity & Justice	<input type="checkbox"/>	Orthopedics	<input type="checkbox"/>	Other	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>			N/A	<input type="checkbox"/>



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**MEMBERSHIP PROFILE SURVEY**

**Preferences** For more information on these programs, visit [www.caot.ca](http://www.caot.ca)

I prefer to receive newsletters

- Yes     No, not at this time

I prefer to receive Professional Development emails.

- Yes     No, not at this time

I prefer to receive CAOT announcement emails.

- Yes     No, not at this time

I would like to go paperless.

- Yes     No, not at this time

I would be interested in being a [volunteer](#) for CAOT.

- Yes     No, not at this time

I would be interested in mentoring via the CAOT [Find an OT Mentor](#) program?

- Yes     No, not at this time

I am interested in learning more about [CAOT Practice Networks](#).

- Yes     No, not at this time