



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

MEMBERSHIP RENEWAL

Receive your confirmation of membership and insurance (if applicable) more quickly: Renew online at www.caot.ca

Please complete all information on this form. Print information clearly. Sign the completed membership renewal form before returning it to CAOT. 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 your individual 12 month membership year.

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

All applicants must complete this section

Membership category — Please check one

Full-time practicing (>800 hours/year) Outside Canada Retired

Part-time practicing (<800 hours/year) Non-practicing (see below) Parental leave

Non-practicing category — Please note that practicing is defined as providing direct service, education, consultation, research or administration in any field of health, education, community and/or social service. Should you begin working in Canada at any time in your membership year, you will need to upgrade your membership category.

Parental leave — Individuals who are or will be on parental leave for 6 or more consecutive months of their own membership year, have the option to select the Parental leave category and receive the non-practicing fee.

Retired — Must already be retired at the time of renewal and not expecting to work in any capacity during your membership year.

WFOT	I allow CAOT to provide the World Federation of Occupational Therapists my email address to activate my complimentary WFOT membership	Yes	No
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MEMBERSHIP RENEWAL

**MEMBERSHIP
REGISTRATION
INSTRUCTIONS**

1. Check off all options that apply to you.
2. Consult the schedule on page 2-3 of this form to determine the appropriate membership category, 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.

Membership Fee 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 Liability 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 Access in-person or telephone counseling for a wide range of issues such as financial, personal, family, work-related, elder-care and more: \$68.00

(See page 3 to determine the amount payable) **taxes 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*

/ /

VISA / MasterCard

/

Expiry date

/ /

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.

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) and confirms eligibility for membership as indicated on page 1 of this form.

Membership Category	Full Fee	AB, MB, SK (5% GST)	ON (13% HST)	NB, NL, NS, PE (15% HST)	BC, QC, NT, NU, YT Chapter Fee	BC, QC, NT, NU, YT (5% GST)
Full-time > 800 hours/year	\$297.00	\$14.85	\$38.61	\$44.55	\$372.00	\$18.60
Part-time < 800 hours/year	\$239.00	\$11.95	\$31.07	\$35.85	\$301.00	\$15.05
Non-practicing and Parental Leave	\$170.00	\$8.50	\$22.10	\$25.50	\$212.00	\$10.60
Retired	\$60.00	\$3.00	\$7.80	\$9.00	\$60.00	\$3.00
Outside Canada	\$170.00					

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.

If you live outside of Canada, taxes do not apply. **Refund policy: As stated in the CAOT by-laws, membership fees and insurance are non-refundable.**



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MEMBERSHIP RENEWAL

Monthly Payment Program **New******

Membership Category	Monthly Fee	AB, MB, SK (5% GST)	ON (13% HST)	NB, NL, NS, PE (15% HST)	BC, QC, NT, NU, YT Chapter Fee	BC, QC, NT, NU, YT (5% GST)
Full-time > 800 hours/year	\$24.75/mo	\$1.24/mo.	\$3.22/mo.	\$3.71/mo.	\$31.00/mo.	\$1.55/mo.
Part-time < 800 hours/year	\$19.92/mo.	\$1.00/mo.	\$2.59/mo.	\$2.99/mo.	\$25.08/mo	\$1.25/mo.
Non-practicing and Parental Leave	\$14.16/mo.	\$0.71/mo.	\$1.84/mo.	\$2.12/mo.	\$17.66/mo.	\$0.88/mo.
Retired	\$5.00/mo.	\$0.25/mo.	\$0.65/mo.	\$0.75/mo.	\$5.00/mo.	\$0.25/mo.

*** The Monthly Payment Program is available to Canadian Residents only** - add 1 monthly fee charge + applicable taxes to the Membership Fee section on page 2 of this form if selecting the Monthly Payment Program. 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 renewal is processed. Please read the **Terms and Conditions** as presented in the Monthly Membership Program Agreement at <https://www.caot.ca/site/mbrp/monthlytermsfuse>.

Refund policy: As stated in the CAOT by-laws, membership fees and insurance 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. **To purchase insurance, the BMS 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) or contact membership services by telephone : (800) 434-2268 or (613) 523-2268, ext. 601, or e-mail: membership@caot.ca.

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

Member and Associate Assistance Program (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 wide range of issues such as financial, personal, family, work-related, elder-care and more: **\$68.00**

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
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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 who will connect you with BMS to facilitate the completion of your insurance application.

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 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

<p>Preferences For more information on these programs, visit www.caot.ca</p> <p>I prefer to receive newsletters</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p> <p>I prefer to receive Professional Development emails.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p> <p>I prefer to receive CAOT announcement emails.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p> <p>I would like to go paperless.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p> <p>I would be interested in being a volunteer for CAOT.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p> <p>I would be interested in mentoring via the CAOT Find an OT Mentor program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p> <p>I am interested in learning more about CAOT Practice Networks.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time</p>
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