



**Prince Edward Island College of Occupational Therapists**

**PO Box 2248, Stn Central, Charlottetown, PEI C1A 8B9**

### **Surrendering Certificate of Registration (Long term or short term)**

<b>Name of Registrant:</b>	<b>Registration Certificate #:</b>
<b>Address of Registrant:</b>	<b>Effective Date of surrendering of Certificate:</b>
<b>Surrendering Certificate of Registration (long term)</b>	
<p>I, _____, am surrendering my Certificate of Registration # _____ with the Prince Edward Island College of Occupational Therapists for the following reason(s):</p> <p><input type="checkbox"/> I am retiring from the practice of occupational therapy and will not be engaging in any activities that require the use of the title, "occupational therapist" (this is a protected title on PEI and cannot be used by anyone who is not registered with PEICOT).</p> <p><input type="checkbox"/> I am leaving the province and will not be practicing occupational therapy in the province of Prince Edward Island.</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>	
<p><b>NOTE*</b> I am aware that should I choose to become reinstated with PEICOT within three years of surrendering my certificate and provided I have 600 currency hours within those three years, I will be required to submit the following: a new application form, a new criminal record and vulnerable sector check, liability insurance and the following fees - reinstatement fee + application fee + registration fee/prorated registration fee. Transcripts, identification documents, and NOTCE results will not need to be resubmitted. _____ (Initials)</p>	
<b>Maternity/Paternity and/or Other Leave of Absence (short term)</b>	
<p><input type="checkbox"/> I will be on maternity/paternity and/or other leave from _____ to _____ and plan to renew my certificate of registration when I return to work _____.</p> <p>One (1) month prior to my planned return to work, I will contact the registrar and ensure that the following are current: a) criminal record and vulnerable sector check, b) liability insurance; c) mandatory education module(s); d) continuing education hours and d) confirm the appropriate fee to be submitted. _____ (Initials)</p>	
<b>Date:</b>	<b>Signature of Registrant</b>