

Application for Reinstatement to the General Class

Instructions for completing the form

This is a fillable form. Please complete the appropriate section(s), print and a sign copy.
Email the completed form to info@coko.ca with the subject line “Change of Status”.

If you have been registered in the Inactive Class for *less than* two years: Only complete section one of this form (pages 2-3).

If you have been registered in the Inactive Class for *more than* two years: Complete sections one and two of this form (pages 2-6).

SECTION ONE

First name: _____ Last name: _____

Full address: _____

Email: _____

Telephone number: _____

When did you apply to the Inactive Class? _____
MM/DD/YYYY

Employment (Check the box that applies to you)

I will be returning from a leave of absence to my previous employer

If you checked this box, please provide the following details:

Employer name: _____ Anticipated start date: _____
MM/DD/YYYY

Position: _____

Full address: _____

Telephone number: _____

I will be starting new employment in Ontario (Pending reinstatement)

If you checked this box, please provide the following details:

Employer name: _____ Anticipated start date: _____
MM/DD/YYYY

Position: _____

Full address: _____

Telephone number: _____

Supervisor's name: _____

I do not have pending employment in kinesiology in Ontario at this time

Declaration and Authorization

I certify that I am covered by professional liability insurance in the amounts and coverage set out in the College's [Professional Liability Insurance Policy](#).

I have read and understood the College's Professional Liability Insurance Policy and will obtain insurance before practising.

I agree to notify the College in writing and within 30 days of any changes to my personal, employment and/or professional, and conduct information.

I declare/hereby certify that the statements made by me on this form are complete and correct to the best of my knowledge and belief.

I understand that making a false or misleading statement of representation to the College may be considered professional misconduct as per the [Professional Misconduct Regulation](#).

Signature: _____ Date: _____

SECTION TWO

Part A (Required)

About your last practice

Employment end date:

Employer name:

Provide your mailing address while inactive (if different from your present address)

Street address:

City:

Province:

Postal code:

Country:

Phone number:

Email:

Why did you go inactive? (e.g. parental leave).

What was the nature of your last practice? (Select one)

Clinical

Non-clinical

Mixed

In your last practice, did you work: (Select one)

Full-time

Part-time

Casual

Temporary

What was your area(s) of practice? (e.g. ergonomics, cardiac rehab).

If the following four questions do not apply to you, please leave them blank.

1) Do you currently have an offer of employment? If yes, please provide details (i.e. start date, position title, status [full-time, part-time, etc.], area of practice and any other relevant information).

2) What will be the nature of your practice? (Select one)

Clinical

Non-Clinical

Mixed

3) Will you be: (Select one)

A sole practitioner

Employee

In a partnership

Other (Please specify)

4) Will you be working with other regulated health professionals?

Yes (Please specify)

No

Part B (If applicable)

Applications for reinstatement will be considered on a case-by-case basis. While the College recognizes that you are not required to participate in continuing professional development while inactive, if any were completed, it would assist the College in coming to an appropriate decision regarding your reinstatement to the General Class.

1) Identify specific efforts, if any, made while you were inactive to maintain knowledge, skill and judgment relating to kinesiology.

- 2) Describe what resources were used to achieve these efforts and provide any supporting documentation. This section should be specific and highlight how these efforts kept you current in the profession. For example, if you read journals, provide the citations. If you took classes, provide the course outline.

- 3) Describe how these efforts relate to the intended area of practice. This information can help the College know that you have not only stayed current with the profession, but made specific efforts to maintain knowledge regarding your area of practice.

N.B. If you have been working outside of the province in a scope of kinesiology, please provide proof of employment.

Part C (Optional)

Is there any additional information you would like the College to consider when reviewing your application? If so, please provide details.