

Application for Inactive Certificate of Registration

Important notes:

- This is a fillable form.
- If you answered **NO** to the questions in Section 1, you **may be eligible** for the Inactive Class.
 - Please complete the entire form, print and sign a copy. Email the completed form to info@coko.ca with the subject line “Change of Status”.
- If you answered **YES** to any of the questions in Section 1, you **are not eligible** for the Inactive Class and should remain in the General Class. You are not required to submit this form.
- **Insurance and the Inactive Class:**
Members registered in the Inactive Class are not required to hold professional liability insurance covering the period of time in which they are in the Inactive Class (as they are prohibited from practising/providing direct patient care). However, members in the Inactive Class must still ensure that they hold adequate insurance to cover the period when they were in active practice.
- **If you’ve been Inactive for less than two years:**
If you have been registered in the Inactive Class for less than two years, you will be deemed to still possess the knowledge, skill and judgement required to practise when you return to the General Class.
- **If you’ve been Inactive for more than two years:**
If you have been registered in the Inactive Class for more than two years, you will be referred to the Registration Committee to determine whether you possess current knowledge, skill and judgment to return to the General Class.
- **Use of title:**
Practising under the kinesiology scope of practice but using another job title does not qualify an individual for registration in the Inactive Class.

First name: _____ Last name: _____

SECTION 1- Self-Assessment

Am I eligible for the Inactive Class?

Use the following self-assessment to help determine if you may be eligible for membership in the Inactive Class or whether you should remain in the General Class.

Consideration 1: Members of the Inactive Class are prohibited from providing direct patient/client care. This can include any form of patient/client care, regardless of whether it is provided on an intermittent, casual, or one-off basis.		
Questions	YES	NO
1. Do I provide direct care to a patient or client population, including a single patient or client and any irregular or one-off patients or clients?		
2. Do I work directly with individuals to assess, rehabilitate, manage, enhance, or maintain their movement and performance?		
3. Do I have patients or clients whose progress I monitor or manage with respect to movement or performance?		
4. Do I provide other forms of direct patient care, whether or not as a kinesiologist?		
Consideration 2: Members of the Inactive Class are only permitted to use the title “Kinesiologist registered in the Inactive Class” and the designation “R. Kin (Inactive)”.		
Questions	YES	NO
1. Do I need to use a title or designation of a member of the General Class (e.g. “Registered Kinesiologist” or “R. Kin”)?		
2. Do I plan to use any other title or designation that would imply that I am actively practising kinesiology or an aspect of it?		
Consideration 3: Members of the Inactive Class are prohibited from supervising the practice of the profession. This can include overseeing or evaluating the work of practising kinesiologists or non-regulated practitioners working in kinesiology.		
Questions	YES	NO
1. Do I supervise the work of registered kinesiologists or any other care providers who assess, rehabilitate, manage, enhance, or maintain a patient or client’s movement and performance?		
2. Do I provide direction, advice, or instruction to registered kinesiologists or to other care providers who assess, rehabilitate, manage, enhance, or maintain a patient or client’s movement and performance?		

3. Do I assign tasks or distribute work to registered kinesiologists or other care providers who assess, rehabilitate, manage, enhance, or maintain a patient or client's movement and performance?		
Consideration 4: Members of the Inactive Class cannot make any claim or representation to having any competence in kinesiology. Claims and representations can be explicit or implicit. In some cases, the nature of the work or the tasks being performed can represent a claim of competence or expertise in the profession.		
Questions	YES	NO
1. Does the nature of my work require that I have competence in the assessment, rehabilitation, management, enhancement, or maintenance of human movement or performance?		
2. Do I provide education or training on human movement or performance?		
3. Do I evaluate, review, assess, or critique the performance or work product of individuals who assess, rehabilitate, manage, enhance, or maintain human movement and performance?		
4. Do I support others who assess, rehabilitate, manage, enhance, or maintain human movement and performance?		
5. Do I interact with others who expect that I possess and employ the knowledge, skills, and judgement of a kinesiologist in my work activities?		
6. Does the nature of my work require that I use my knowledge, skills and judgement to sell products, conduct research or provide consultation?		
TOTAL RESPONSES		
If you answered "YES" to any of the questions above, you are not eligible for the Inactive Class.		
Comments		

Please answer the following:

- | | | |
|--|------------|-----------|
| 1. I have ensured all my information on the Public Register is current. | Yes | No |
| 2. I am not in default of any fee, penalty or other amount owing to the College. | Yes | No |

3. I am in compliance with any outstanding requirements of the Quality Assurance Committee.
Yes **No**
4. I am in compliance with any outstanding orders or requirements of Council, the Executive Committee, the Inquiries, Complaints and Reports Committee, the Discipline Committee, and the Fitness to Practice Committee. **Yes** **No**

SECTION 2- Personal Information

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: _____

Designated Employment Address

Kinesiologists approved to register in the Inactive Class who are not employed, or are employed outside the profession of kinesiology, must designate an address as their primary employment address. This address can be a postal office box and phone number, or a current employment address, or home address.

Provide your designated employment address below. The address you provide will become public information and will appear on the [College's Public Register](#). If you are not working, please enter "N/A" as your Business Name.

Business name: _____

Street address: _____

City: _____ Province: _____ Postal code: _____ Country: _____

Phone number: _____ Email: _____

Reason for application to the Inactive Class:

Leave of absence (select one): Parental Medical Academic

For an academic leave of absence, specify the program name, institution name and start date:

Moving to another province Identify province:

Moving to another country

Retirement

Working in another profession

If you are working in another profession, please specify the job and provide a brief job description:

Signature: _____ Date: _____

UNDERTAKING

BETWEEN:

College of Kinesiologists of Ontario

-and-

(Name)

Registration Number: _____

I, _____, undertake to the College of Kinesiologists of Ontario ("College") as follows:

1. I am voluntarily applying to be registered in Inactive Class of the College;
2. During such time that my registration is inactive, I undertake while in the province of Ontario not to:
 - a) engage in providing direct patient care;
 - b) use any title or designation other than what is specified for an Inactive Certificate of
 - c) Registration in Registration Regulation, O. Reg. 401/12, which is, Kinesiologist registered in the Inactive Class or R. Kin Inactive;
 - d) supervise the practice of the profession; or
 - e) make any claim or representation to having any competence in the profession; and
3. Should I desire to engage in the practice of kinesiology in Ontario after such time that my registration is Inactive, I will apply in writing to the Registrar for reinstatement and fulfill any requirements for reinstatement before engaging in any of the activities listed in paragraph 2.
4. If I have practised the profession, I have insurance to provide coverage upon moving into the inactive class.
5. I acknowledge that:
 - a) this Undertaking takes effect immediately upon confirmation of my acceptance to the Inactive Class.
 - b) it is my obligation to complete the terms of this Undertaking at my own expense.
 - c) failure to comply with this Undertaking may constitute professional misconduct and that such conduct may in itself result in a referral to the Discipline Committee.
 - d) I am aware that I have the right to seek legal advice prior to signing this Undertaking.
 - e) the College has advised me that this Undertaking is part of my history with the College and may be referred to in any future investigation or proceeding.
 - f) a notation of this undertaking will appear on my profile on the public register until such time as I have provided proof of having professional liability insurance coverage as set out in this undertaking.

Date: _____

Signature: _____

Witness signature: _____

Name and Address of Witness: _____

Signature of College Representative: _____