

Employment and Contact Information Change Form

Important notes:

- This is a fillable form
- If you are **changing your home address**: Complete Section 1
- If you are **changing your employment address**: Complete Section 2
**You must complete a new form if you have more than three employment locations*
 - **If you are employed in kinesiology:**
You must provide the employment address of all the locations where you are currently employed and practising kinesiology in any capacity.
 - **If you are not employed/employed outside of kinesiology/have been laid off:**
You must designate an address as your primary employment address. This address can be a postal office box and phone number, a current employment address, or your home address. Please note that 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 Primary Business Name.
- **Professional liability insurance:**
You must maintain professional liability insurance coverage if you are registered in the General Class. You must also notify the College of any change to your insurance coverage (e.g. this includes termination of coverage and the reason for termination).
- **Submission:** Send your completed form and supporting documentation (if applicable) to info@coko.ca.

Before submitting this form to the College, ensure that you complete all applicable sections, provide your full name and registration number, and sign and date the form.

Registration number:

First name:

Last name:

SECTION 1 - Home Address Change

Street Address:

City:

Province:

Postal Code/ Zip Code/ P.O. Box:

Country:

Home Phone:

Cell:

Primary Email:

SECTION 2 - Employment Address Change

Select the option that best describes your current employment position:

Employed in kinesiology Employed outside of kinesiology

Not employed- Indicate reason (e.g. laid off):

	Primary Site	Secondary Site	Tertiary Site	Designated Address
Business Name				
Address Line 1				
Address Line 2				
City				
Country				
Province				
Postal Code/ Zip Code/ P.O. Box				
Phone Number				
Email Address				

Practice Details

Only complete the following questions if you are registered in the General Class and you are practising kinesiology in some capacity.

These questions relate to your practice location and are not displayed on the Public Register. Please choose the answer that best applies. You will need to enter this information for each practice location. This information is required under the *Regulated Health Professions Act, 1991*, Section 36.1.

Employment Status (Please select only one per column)			
	Primary	Secondary	Tertiary
Full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Category (Please select only one per column)			
	Primary	Secondary	Tertiary
Permanent Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary (Contract) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Setting (Please select only one per column)			
	Primary	Secondary	Tertiary
Assisted Living Residence/Supportive Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Association/Government/Regulatory or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Health or Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Treatment Centre (CTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Care Access Centre (CCAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Centre (CHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Education Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Health Team (FHT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health-Related Business/Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Health Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health and Addiction Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner Led Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Group Practice Office/Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Place of Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Educational Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pre-School/School System/ Board of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential/Long-Term Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solo Practice Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Area of Practice (Please select only one per column)			
	Primary	Secondary	Tertiary
Acute Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease Prevention and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Care /Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Service Provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health and Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other area of Direct Service Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary Role (Please select only one per column)			
	Primary	Secondary	Tertiary
Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor/Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner/Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Management Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nature of Practice (Please select only one per column)			
	Primary	Secondary	Tertiary
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age of Clients/Patients (Please select only one per column)			
	Primary	Secondary	Tertiary
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric (under 18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric (65 years and up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Date: