

See the Regulation in the Reference Guide, Professional Liability Insurance Section

Whatever your job title, if you practice as a social worker or marriage or family therapist full time, part time or occasionally, you are required to adhere to the contract of the professional liability insurance plan subscribed by the Order. This plan establishes a guarantee against the liability a member may incur because of faults and negligence committed in the practice of their profession. However, the regulation allows certain exemptions.

In order to help you determine your eligibility for an exemption, here are examples of some current situations:

- You are unemployed, on an unpaid availability list, on extended leave, you practice in a field other than social work or family and marriage therapy or you practice outside Québec, check the 1st paragraph.
- You practice exclusively in an establishment of the health and social services network (CLSC, CH, CHSLD, CJ, CR), check the 3rd paragraph.
- You are registered exclusively on a remunerated availability list of an establishment of the health and social services network, check the 3rd paragraph.
- You practice in a community agency, a non-profit agency, a private company or you provide volunteer services as a social worker or family or marriage therapists, check the 8th paragraph and provide Appendix F duly completed by your employer. If your employer has no professional

liability insurance, you cannot be exempted from the obligation to subscribe to the Order's professional liability insurance, and you must send the Order the payment according to the rate in force, to subscribe to the Order's insurance plan.

- You practice in more than one location, check the 9th paragraph and provide Appendix F if, for example, on of the places where you practice is a community agency or a non-profit agency with professional liability insurance. If one of the employers does not have such insurance, you must subscribe to the Order's insurance.
- You are paid by a placement agency, you must subscribe to the OTSTCFQ insurance and you cannot apply for an exemption.
- You have an independent practice (full time or part time), you must subscribe to the OTSTCFQ professional liability policy and you cannot apply for an exemption.
- You are a retired member and do not engage in any volunteer activity in social work or marriage and family therapy, check the 1st paragraph.

SEE
GUIDE
LINE

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Exemption Request

**REGULATION RESPECTING THE PROFESSIONAL LIABILITY
INSURANCE OF MEMBERS OF THE ORDRE DES
TRAVAILLEURS SOCIAUX ET DES THÉRAPEUTES
CONJUGAUX ET FAMILIAUX DU QUÉBEC**

CProfessional Code (R.S.Q., c. C-26, s. 93 para. d)

REQUEST FOR EXEMPTION (s. 3)

I, the undersigned, ,
NAME
social worker or marriage and family therapist, declare:

- [] 1° I **do not practice the profession**, nor in any way engage in the professional activities mentioned in paragraph d) of section 37 of the Professional Code (CQLR, c. C-26) [For a marriage and family therapist: I do not practice the profession nor in any way engage I the professional activities mentioned that I can exercise, in addition to those that I am are otherwise allowed by law];
- [] 2° I am a full-time exclusive **university student** at the master's or doctorate level in social work [For a marriage and family therapist: I am a full time and exclusive university student at the master's or doctorate level related to marriage and family therapy];
- [] 3° I am exclusively at the service of an establishment in the meaning of the **Act respecting health services and social services** (CQLRQ., c. S-4.2) or a **health services and social services centre** in the meaning of the Act respecting health services and social services for Cree Native persons (CQLR, c. S-5);
- [] 4° I am exclusively at the service of a **school commission or the Conseil scolaire** de l'Île de Montréal;
- [] 5° I am exclusively at the service of the **Gouvernement du Québec** and appointed or remunerated under the **Public Service Act** (CQLR, c F-3.1.1);
- [] 6° I am exclusively at the service of an agency for which the **Gouvernement du Québec** or one of its ministers appoints the majority of the members, of which the law requires that the personnel be appointed or remunerated according to the Public Service Act or whose social fund is part of the public domain or an agency that is an agent of the government and so designated by law;

[] 7° I am exclusively at the service of the **Public Service of Canada** as defined in section 2 of the Public Service Staff Relations Act, (RSC, 1985, c P-35), the **Canadian Forces** in the meaning of section 14 of the National Defense Act (RSC, 1985, c N-5) or a crown corporation in the meaning of section 83 (1) of the Financial Administration Act (RSC, 1985, c F-11) and mentioned in the schedules to this Act;

[] 8° I am exclusively at the service of an individual or a legal entity **other than those contemplated in paragraphs (3) to (7)** and I have submitted to the secretary of the Order a certificate attesting that this entity will act as guarantor, take up the defence and respond financially to the consequences of any fault or neglect committed by me in the practice of my profession, with a guarantee containing the minimum stipulations prescribed in section 4 of the Regulation respecting the professional liability insurance of members of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec;

[] 9° I am exclusively at the service or one or more of the entities contemplated in paragraphs (3) to (8) and, in case when one of these entities is the one contemplated in paragraph (8), I have submitted to the secretary of the Order a certificate attesting that this entity will act as guarantor, take up the defence and respond financially to the consequences of any fault or neglect committed by me in the practice of my profession, with a guarantee containing the minimum stipulations prescribed in section 4 of the Regulation respecting the professional liability insurance of members of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.

I declare that the information above is accurate and I agree to inform the secretary of the Order without delay and in writing of any change that in any way modifies the cause of my exemption from adhering to the group professional liability insurance plan of the Order.

And I have signed at CITY

this day of the month of of the year 20 .
DATE MONTH

SURNAME AND GIVEN NAMES IN PRINTED LETTERS

X

SIGNATURE