

RETURN TO PRACTISE FORM

Members returning to practise in Ontario, must complete and submit all information, as required on this form, directly to the College of Optometrists of Ontario.

Name: _____ Registration Number: _____

Date Returning to Practise: (DD/MM/YYYY) _____

Direct Patient Contact Hours

It is a condition of a certificate of registration that you must provide a minimum of 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which you were first registered unless you signed a Non-Practising Status Undertaking. Each year, on the annual renewal report, you will have reported the number of patient contact hours you provided in Canada. At its meeting on August 11, 2022, the Registration Committee decided to allow non-practising members (who have been registered with the College for at least 3 years) who have provided at least 750 hours of direct optometric care to patients in the USA, to undergo a practice assessment at their [cost](#) within the first six months after returning to practise in Ontario instead of being referred to a practice evaluation.

1. Date registered with the College of Optometrists of Ontario: (DD/MM/YYYY) _____
2. Have you provided direct optometric care to patients in the USA in the last three-year rolling period?
NO YES [If 'No', please proceed to question 4.]
3. If your answer was 'YES' to question 2 above, please indicate the US jurisdiction you practised in, the number of direct optometric care hours you provided to patients in the USA, and the timeline it was provided in: In US jurisdiction _____, I provided _____ direct patient optometric hours from (DD/MM/YYYY) _____ to (DD/MM/YYYY) _____.

You are then required to:

- a) provide a letter of standing at your cost from the jurisdiction in the US where you practised sent by email to the College at info@collegeoptom.on.ca where it indicates the number of direct optometric care hours you provided to patients and the timeline it was provided in, **OR**
 - b) have a non-relative practising optometrist you practised with in the US jurisdiction where you practised provide a letter on their company letterhead sent by email to the College at info@collegeoptom.on.ca indicating the number of direct optometric care hours you provided to patients and the timeline it was provided in (from (DD/MM/YYYY) to (DD/MM/YYYY)).
4. Please indicate the number of direct optometric care hours you provided to patients in Canada in the current calendar year: _____

If you have not provided a minimum of 750 hours of care in Canada in the past 3 years, you will be required to undergo a [practice assessment](#) or a [practice evaluation](#) (if you practised 0 hours in Canada/US) with the Quality Assurance Program at your cost in order to return to practise in Ontario. The administration fee (refer to the [Additional Information](#) section below) will be waived only for non-practising members who are

referred to undergo a practice assessment or practice evaluation at their cost.

Statement of Good Standing

Is there any current proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding against you, in any other jurisdiction in which you are currently licensed?

NO YES

If YES, please provide details below:

Signature of Member

Date (DD/MM/YYYY)

Additional Information

Before returning to practise, you are required to provide the College with the following information:

1. **Complete the Practice Location/Change of Information form** and return it to the College.
(This form can be found under Registration Management in the Resources section of our website.)
2. **Professional Liability Insurance** - You must provide proof that you are insured against professional liability, in accordance with the College by-laws (Section 21).
(The by-laws can be found under Legislation, Regulations, & By-laws in the Resources section of our website.)
3. **Payment of an Administration Fee of \$118.65 (includes HST) along with the pro-rated membership fee** – refer to the Non-Practising Fee Administration Policy.
(This Policy can be found under Policies & Guidelines – Administration in the Resources section of our website.)

FOR COLLEGE USE ONLY:

Sign off prior to status change required – ICRC:

Sign off prior to status change required - QA:

REGISTRATION STAFF:

Requirements Met:

Reactivation Date (DD/MM/YYYY): _____