

## Application for Issuance of a General Certificate of Registration

Please answer all questions and print. This is a permanent document.

Updated: March 18, 2019

College Use Only
Date Issued
Certificate of Registration Number
<p><b>Notarized Passport Photograph to be attached (stapled) here</b></p> <p><b>Photograph must have been taken within the last six (6) months</b></p>

Last Name: .....

Former Last Name (if applicable): .....

Given Name(s): .....

Date of Birth): .....

mm/dd/yyyy

Gender: Male Female Other: .....

Mailing address for College correspondence:

.....

.....

.....

E-Mail: .....

Telephone Number: .....

*Please inform us in writing of any change to the information in this Form subsequent to submitting your application. If you fail to do so, you could be accused of making a false or misleading statement or representation in your application. **The College of Optometrists of Ontario (College) is not responsible for any failure to communicate with you as a result of an unreported address change.***

1. I will provide the College with a notarized copy of my Doctor of Optometry or substantially equivalent Degree awarded by

(University) .....

on the (day) ..... of (month) ..... (year) .....

I will also provide the College with a notarized copy of the Certificate of Completion of the International Optometric Bridging Program.

Yes Not Applicable

2. Additional qualifications (degrees, fellowships, certificates)

Qualification

Institution

Date Received

.....

.....

**Notarized copies of all degrees and qualifications declared on this form are required.** Please answer all questions and provide the necessary notarized documentation.

3. Language you are able to speak and write with reasonable fluency in: English French

4. Are you a Canadian Citizen? No Yes

*If YES, please provide a notarized copy of your Canadian Passport or Citizenship Identification Card and go to Question 7.*

5. Do you have permanent resident status under the *Immigration and Refugee Protection Act (Canada)*? No Yes

*If YES, please provide a notarized copy of your certificate showing Permanent Resident status.*

6. Do you have authorization under the *Immigration and Refugee Protection Act (Canada)* to engage in the practice of optometry? No Yes

*If YES, please provide a notarized copy of your authorization.*

7. Below please indicate the entry-to-practice exam you have successfully completed:

a) the Canadian Assessment of Competence in Optometry (CACO) No Yes

b) the Optometry Examining Board of Canada (OEBC) written exam and OSCE No Yes

c) National Board of Examiners in Optometry (NBEO) Exam (Parts I, II, and III all to be successfully challenged after January 18, 2019) No Yes

*If YES, please provide an original or notarized report of all CACO/OEBC written exam and OSCE/NBEO exam results.*

**Labour Mobility**

8. Are you using the labour mobility provisions in the *Ontario Labour Mobility Act* to obtain registration in Ontario? No Yes

**If YES, please note: you must have practised in a Canadian province/territories, before you can do so (please refer to s. 2.1 (4) of O.Reg. 837/93 as amended).**

**Applications for Registration to Optometry or Other Professions**

9. a) Prior to this application, have you ever applied to the College of Optometrists of Ontario (College)? No Yes

b) If your response to 9. a) is **YES**, i. Please indicate the following:

Application date(s) (dd/mm/yyyy):.....

ii. Was your application abandoned? No Yes

iii. If applicable, please indicate the reason(s) you were not registered with the College below:

.....

iv. If you were registered, please indicate the date your registration with the College ended (dd/mm/yyyy): .....

10. a) Other than Ontario, in what province/state are you currently/were registered to practise optometry?

Province/State: ..... Country: .....

Registration Date (dd/mm/yyyy): .....

Date your registration ended (dd/mm/yyyy): .....

Province/State: ..... Country: .....

Registration Date (dd/mm/yyyy): .....

Date your registration ended (dd/mm/yyyy): .....

b) Have you ever applied for a licence or certificate of registration to practise optometry in another jurisdiction and had your application refused or rejected?

No Yes

If YES, please provide details below:

.....

11. Are you currently/were registered or licensed to practise another profession other than optometry, inside or outside of Ontario?

No Yes

If YES, please provide details below:

Profession: .....

Province/State: .....

Country: .....

Registration date (dd/mm/yyyy): .....

Date your registration ended (dd/mm/yyyy): .....

**Statement of Good Standing**

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

No Yes

If YES, please provide details:

.....

**Professional Malpractice**

13. Has there been a finding against you of professional negligence and/or malpractice?

No Yes

If YES, please provide details:

.....

**Bail Conditions and Offences**

14. a) Have you ever been found guilty of a criminal offence under the Criminal Code of Canada, the *Controlled Drugs and Substances Act* (Canada), the *Narcotic Control Act* (Canada), the *Food and Drugs Act* (Canada), other legislation or similar conviction in any jurisdiction, or have you been found guilty in respect of a federal or provincial or other offence?

No Yes

**If YES**, please provide details:

.....

- b) Are there any currently existing conditions, terms, orders, directions or agreements relating to your custody or release in provincial, federal or other offence processes? No      Yes

**If YES**, please provide details:

.....

- c) Are there any current charges against you in respect of a federal, provincial or other offence? No      Yes

**If YES**, please provide details:

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- d) Is there any previous finding or current proceeding against you in relation to discipline by a post-secondary education institution? No      Yes

**If YES**, please provide details:

.....

- 15. After reviewing your responses to the previous questions, is there additional information you believe you should disclose that you have not already disclosed in your responses to the other questions? No      Yes

**If YES**, please provide details:

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**CPIC Vulnerable Sector Checks**

One of the requirements of registration as an optometrist in Ontario is that the applicant must not have been found guilty in relation to a criminal offence in any jurisdiction, or an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada).

To provide evidence that an applicant has met this requirement, each applicant must provide a CPIC Vulnerable Sector (VS) check as part of the registration process from the respective jurisdiction in Canada in addition to the jurisdiction (s) in which they practised in the past. This process verifies whether an individual has a criminal record, as well as any record suspensions for sexual offences and local police records for information relevant to the VS check. The information that can be legally disclosed is provided to the applicant. The results of a CPIC VS check must be dated within six months of the applicant becoming registered. If the applicant does not become registered within six months of the date the CPIC VS check results were issued by the police, the applicant will be required to submit an updated CPIC VS check.

**Certificate of Standing**

If you have ever been registered or licensed to practise optometry or another health profession, please arrange for the licensing body where you practised to send the College a Certificate of Standing outlining your current status in that jurisdiction. A Certificate of Standing form is available from the College or on the College website (under Resources/Forms). The Certificate of Standing must be dated no more than six months before your Certificate of Registration is issued.

### Ontario Optometric Jurisprudence Exam

The Ontario Optometric Jurisprudence Exam is administered six times annually. Two administrations, one in the spring and one in the fall, are accompanied by a one-day seminar. The other four administrations are offered without the seminar. You may attend a seminar session even if you plan to take the exam at a later date. **Applicants attending a seminar session will not be permitted to write the exam the following day unless they have registered to do so in advance.**

All jurisprudence exam and seminar dates are posted on the home page of the College website: [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca). When your application is received by the College, you will be automatically registered for the next administration of the jurisprudence exam. If you wish to take the jurisprudence exam at a later date, please check the website for alternative administration dates and write your preferred date below. **The Ontario Optometric Jurisprudence Examination must be successfully completed within 12 months of your application being received by the College.**

Date of Seminar (if applicable): \_\_\_\_\_

Preferred administration date for the Ontario Optometric Jurisprudence Exam: \_\_\_\_\_

**Please note: "An applicant shall be deemed not to have satisfied the requirements for a certificate of registration if the applicant made a false or misleading statement or representation in his or her application." O. Reg. 837/93, s.2.- (2), Optometry Act 1991**

**I believe all the above statements to be true and, knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*, I solemnly declare:**

*That, if granted a certificate of registration to practise optometry in the Province of Ontario, I will practise ethically and maintain the dignity and honour of the profession and comply with all requirements of the Regulated Health Professions Act, the Optometry Act, 1991, and Regulations and amendments thereto.*

*That, I give permission to the College of Optometrists of Ontario to correspond with or interview any third party, for example, the Optometry Examining Board of Canada (OEBC), as necessary, whether or not I have referred to the third party listed on this application form, as it affects my application.*

*That, I will notify the College of Optometrists of Ontario in writing should there be any change to the information provided in this form.*

.....  
Signature of Applicant

Declared on this .....day of (month) ....., 20 ....., at (City) .....  
in the Province of .....

.....  
Signature of Witness

.....  
Full Name of Witness