

CONSENT FORM AUTHORIZATION

This consent form authorization will allow the College of Optometrists of Ontario ("College") to prepare and release your Certificate of Standing or Letter of Standing to authorized third parties upon payment of the specified fee.

SECTION 1 – REGISTRATION INFORMATION

Member First Name: _____ Last Name: _____

Registration Number: _____

Current primary professional address: _____

Contact e-mail address: _____

Do you require a letter of standing or certificate of standing? Please indicate below:

Letter of Standing Certificate of Standing

Below please indicate whether you are providing the regulatory authority certificate of standing form that must be completed by the College:

YES NO

SECTION 2 – AUTHORIZED THIRD PARTY INFORMATION

First Name: _____ Last Name: _____

Regulatory authority/Business/Organization Name: _____

E-mail address and phone number: _____

Address (street, city,
province, postal code):

The College prepares and sends electric copies of Letters and Certificates of Standing. If electronic copies are not accepted, please check the box below so that the College will mail your document to the noted address above:

SECTION 3 – CONSENT FOR RELEASE OF INFORMATION

My signature below indicates that I agree to the following: I authorize the College of Optometrists of Ontario ("College") to prepare a Letter of Standing or Certificate of Standing on my behalf and to release it directly to the authorized third party noted above.

I am hereby granting permission to the College to provide full disclosure of any and all information relevant to my status with the College, which will include my professional conduct record and history (i.e., any complaints, discipline proceedings, fitness to practise proceedings etc.). I acknowledge that the College has the ability to disclose this information pursuant to section 36 of the Regulated Health Professions Act, 1991. The College of Optometrists of Ontario requires that a Certificate/Letter of Standing Request Form to be completed by every member to obtain a letter of standing or certificate of standing at my expense. I understand and accept that this means that the College will be providing full disclosure of any and all information requested on the attached form (if applicable), or any additional information determined by the College to be relevant. I acknowledge that the College has advised me that I have the right to obtain legal advice prior to executing this consent, and that I have either done so or have had sufficient opportunity to do so prior to executing this Consent for Release of Information. I am signing this document of my own free will, voluntarily and without coercion, having read and understood it. I am hereby signing my permission to and irrevocably authorize and confirm the release of my Certificate/ Letter of Standing to be issued to the authorized third party noted above.

Name: _____ Signature: _____

Date (dd/mm/yyyy): _____

Where to send your completed form

College of Optometrists of Ontario
65 St. Clair Avenue East, Suite 900,
Toronto, ON M4T 2Y3
Email: Registration@collegeoptom.on.ca

Once your authorized consent form is received by the College, you will be provided with an invoice by email and the online payment instructions. Upon receipt of your payment, the College will begin processing your request. The payment schedule can be found on the College website by clicking the fee tab, under the resources section. Processing time can take up to 10 business days.

Contact

For inquiries about the form or the information disclosed on a Certificate of Standing, please contact:

Main 416 479 9295
Fax: 647-577-4271
Email: Registration@collegeoptom.on.ca