

To change your membership status please complete and submit this form to the College.

Retirement ☐

Effective Date: _____

Official notice of retirement from active working life in the profession. Benefit of being offered life membership by the College if eligible – refer to the College By-Laws for information on Life Membership.

Resignation ☐

Effective Date: _____

Official notice that you are ending your membership with the college.

INFORMATION REQUIRED:

Name: _____ Registration #: _____ Email: _____

Address: _____ City: _____ Province\State: _____

Country: _____ Postal Code: _____ Phone: _____

Once your registration status has been changed to either option above, you may no longer practice Optometry in Ontario.

Should you wish to resume practising Optometry in Ontario, you must submit a new application form to the College and undergo the registration process as a new applicant; that is, you must meet the registration requirements in effect at the time of your application.

Do you have a Certificate of Authorization from the College for an Optometry Professional Corporation? Yes ☐ No ☐

Please note if you do have a Certificate of Authorization for your Optometry Professional Corporation it will become **invalid** on the date of your retirement or resignation.

LOCATION OF PATIENT RECORDS

The College regularly receives calls from patients seeking assistance in locating their health record from members who are no longer in practice. When a member of the College ceases to practice, for whatever reason, the member's patients must continue to have access to the health information contained in their patient record.

If patient records have been relocated, patients must be notified of the location of their records and the procedure to follow to request access to or transfer of their records to another practitioner.

To assist us when contacted, please fill out the information below. My patient records have been transferred to -

Name of Optometrist: _____ Phone Number: _____

Address: _____ City: _____ Province: **ONTARIO** Postal Code: _____

How have patients been notified of the location of their health records and how to access them?

Signature: _____

Date: _____

FOR COLLEGE USE ONLY:

Info for file- QA:

Info for file - ICRC:

Optometry Professional Corp? Yes ☐ No ☐

Database Membership Staff: __