

Non-Practising Status Undertaking
College of Optometrists of Ontario
Acknowledgement and Undertaking of
_____ [name of Optometrist]

Updated Jan. 3, 2017

1. I, _____, am a member of the College of Optometrists of Ontario (the "College").

2. I hold:
 a general certificate of registration # _____ with the College.

 OR

 an academic certificate of registration # _____ with the College.

3. I am requesting non-practising status with the College effective:
 immediately.

 OR

 ____/____/____.
 [day/month/year]

4. I am voluntarily providing this undertaking in exchange for the College granting me non-practising status.

5. While my registration status is non-practising, I undertake as follows:
 - a. I will not practise optometry in Ontario;
 - b. I will renew my certificate of registration annually;
 - c. I will pay all fees required of me under the *Optometry Act*, the Regulations and the College's By-laws;
 - d. I will comply with the mandatory continuing education requirements of the College's Quality Assurance program;
 - e. I will submit a completed member report annually in accordance with the College's By-laws;
 - f. If the College requests information of me, I will respond to the College in a timely manner and provide the requested information; and
 - g. I will notify the Registrar in writing of any change to information that I have previously provided to the College.

6. I acknowledge and agree that my registration status and the details of this undertaking will be posted on the College's public Register.
7. Prior to my return to practise in Ontario, I undertake to:
 - a. Notify the Registrar in writing by submitting a completed Return to Practise form to the College;
 - b. Submit proof of my liability insurance to the College; and
 - c. Submit a completed Practice Location/Change of Information Form to the College.
8. I undertake that I will not resume practising optometry in Ontario until I have been notified in writing by the Registrar of my authorization to do so.
9. I acknowledge that the Registrar will authorize my return to practise in accordance with the following process:
 - a. If I have provided at least 750 hours of direct optometric care to patients in Canada in the three-year period before the date of my signed Return to Practise Form, I acknowledge that no further action will be required of me.
 - b. If I have not provided any hours of direct optometric care to patients in Canada in the three-year period before the date of my signed Return to Practise Form, I undertake to comply with and fulfill the following:
 - i. I will participate in a practice evaluation under the Quality Assurance program prior to my return to practise. I acknowledge that as part of the practice evaluation, I may be required to, among other things, answer oral or written questions that relate to practising optometry; answer oral or written questions that arise from a review of real or simulated patient charts; examine persons or clinical simulations exhibiting problems that relate to practising optometry; and demonstrate the application of optometric techniques;
 - ii. I will comply with any orders made by the Quality Assurance Committee arising out of the practice evaluation in accordance with the College's General Regulation, O. Reg. 119/94; and
 - iii. I will pay all costs related to the practice evaluation and any orders of the Quality Assurance Committee.

- c. If I have provided some direct optometric care to patients but less than 750 hours of direct optometric care to patients in Canada in the three-year period before the date of my signed Return to Practise Form, I undertake to comply with and fulfill the following:
 - i. I will participate in a practice assessment under the Quality Assurance program within the first six months of my return to practise. I acknowledge that the practice assessment may include, but is not limited to, the inspection of my practice location; the inspection of approximately 25 patient charts; and the completion of a practice questionnaire. I acknowledge that the Quality Assurance Committee may make recommendations to me; require me to complete continuing education activities; or require me to undergo an evaluation of my clinical ability in accordance with the College's General Regulation, O. Reg. 119/94; and
 - ii. I will pay all costs related to the practice assessment.

10. If I am dissatisfied with any decision of the Registrar made under this Acknowledgement and Undertaking, I may request, in writing, that a panel of the Registration Committee review that decision.

11. I have read this Acknowledgement and Undertaking and understand my obligations under it. I have had an opportunity to seek independent legal advice and have either done so or decided not to seek such advice. I am signing this Acknowledgement and Undertaking voluntarily.

Signed at _____ [City], this ___ [Date] day of _____ [Month], _____ [Year]

Signature of Member

Signature of Witness

Printed Name of Member

Printed Name of Witness

Date Received at College: _____