

Suite 900, 65 St. Clair Ave. East, Toronto, Ontario M4T 2Y3 Phone: (416) 962-4071. Fax: (416) 962-4073. Toll free: 1 (888) 825-2554

## Application for Issuance of an Academic Certificate of Registration

(You must hold an appointment as a professor, lecturer, resident, supervising clinician or graduate student at the University of Waterloo School of Optometry and Vision Science, or another university or optometric educational facility in Ontario approved by Council. Please fill this application form if you have an appointment and provide the proof with your application.)

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

**Updated: May 22, 2018** 

ollege Use Only	Last Name:
ate Issued	Former Last Name (if applicable):
ertificate of Registration Number	
Notarized Passport Photograph to be attached (stapled) here	Given Name(s):  Date of Birth):  mm/dd/yyyy  Gender: Male Female Other:  Mailing address for College correspondence:
hotograph must have been taken within the last six (6) months	E-Mail:
	Telephone Number:
	ange to the above contact information subsequent to submitting your etrists of Ontario (College) is not responsible for any failure to of an unreported address change.
<ol> <li>I will provide the College with a not awarded by</li> </ol>	tarized copy of my Doctor of Optometry or substantially equivalent Degr
(University)	
	(year)
on the (day) of (month)	
	notarized copy of the Certificate of Completion of the International
I will also provide the College with a n	
I will also provide the College with a n Optometric Bridging Program. Yes Not Applicab	ole
I will also provide the College with a n Optometric Bridging Program.	ole
I will also provide the College with a non-compact of the College with a non-compact of the College with a non-compact of the College with a non-college with a non-c	ole , fellowships, certificates)

3.	Are you able to speak and write with	n reasonable fluency in:	English	Frencl	h	
4.	Are you a Canadian Citizen?			No	Yes	
	If YES, please provide a notarized of go to Question 7.	copy of your Canadian F	assport or Citizens	hip Identificati	on Caro	d and
5.	Do you have permanent resident sta Protection Act (Canada)?	atus under the <i>Immigrati</i>	on and Refugee	No	Yes	
	If YES, please provide a notarized of	copy of your certificate s	howing Permanent	Resident stati	us.	
6.	6. Do you have authorization under the <i>Immigration and Refugee Protection Act</i> (Canada) to engage in the practice of optometry?				No	Yes
	If YES, please provide a notarized of	copy of your authorizatio	n.			
La	bour Mobility					
	Are you using the labour mobility pro		abour		No	Yes
If '	YES, please note: you must have p	ractised in a Canadian	province/territori	es before vou	ı can d	0.50
	lease refer to s. 2.1 (4) of O.Reg. 83					
Αp	oplications for Registration to Opto	ometry or Other Profes	sions			
8.	a) Prior to this application, have you	ever applied to the Coll	ege of Optometrist	s of Ontario (C	College)	?
	, , , , , , , , , , , , , , , , , , , ,			,	No	Yes
	b) If your response to 9. a) is YES,	i. Please indicate the t	iollowing (dd/mm/y	ууу):		
		Application date(s):				
		ii. Was your applicatio	n abandoned?		No	Yes
		iii. If applicable, please with the College belo				
		iv. If you were registered				
		ended (dd/mm/yyyy	<sup>,</sup> ):			
9.	a) Other than Ontario, in what provin	ce/state are you current	ly/were registered	to practise opto	ometry'	?
	Province/State:		Country: .			
	Registration date (dd/mm/yyyy):					
	Date your registration ended (dd	l/mm/yyyy):				
	Province/State:		Country:			
	Registration date (dd/mm/yyyy):					
	Date your registration ended (dd	l/mm/yyyy):				

First and Last Name: \_\_\_\_\_

			First and Last Name:		
		Have you ever applied for a licence or certife another jurisdiction and had your application	ficate of registration to practise optometry in refused or rejected?		
				No	Yes
		If YES, please provide details below:			
10.		e you currently/were registered or licensed to outside of Ontario?	o practise another profession other than optometry	, insi	de
	If	YES, please provide details below:		No	Yes
		Profession:	Province/State:		
		Country:	Registration date (dd/mm/yyyy):		
			Date your registration ended (dd/mm/yyyy):		
		Profession:	Province/State:		
		Country:	Registration date (dd/mm/yyyy):		
			Date your registration ended (dd/mm/yyyy):		
Sta	tem	ent of Good Standing			
11.	mis	there any current proceeding/referral involving sconduct, incompetence or incapacity or any any other jurisdiction in which you are currer	y like finding against you,	١	Ю
	If Y	YES, please provide details:			
Pro	fes	sional Malpractice			
12.	На	s there been a finding against you of profes	sional negligence and/or malpractice?	1	No
	If Y	<b>'ES,</b> please provide details:			
Bai	I Co	onditions and Offences			
13.	. a) Have you ever been found guilty of a criminal office 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?		Ν	<b>l</b> o	
		If YES, please provide details:			
	b)	Are there any currently existing conditions, agreements relating to your custody or releother offence processes?		Ν	lo
		If YES, please provide details:			

	First and Last Name:	
c)	Are there any current charges against you in respect of a federal, provincial or other offence?  If YES, please provide details:	No
	n 126, picase provide details.	
d)	Is there any previous finding or current proceeding against you in relation to discipline by a post-secondary education institution?	No
	If YES, please provide details:	
CPIC	Vulnerable Sector Checks	
found (	the requirements of registration as an optometrist in Ontario is that the applicant must not have guilty in relation to a criminal offence in any jurisdiction, or an offence under the <i>Criminal Code</i> da), the <i>Controlled Drugs and Substances Act</i> (Canada) and <i>the Food and Drugs Act</i> (Canada)	
Vulnera addition has a conforma The resapplica	vide evidence that an applicant has met this requirement, each applicant must provide a CPIC able Sector (VS) check as part of the registration process from the respective jurisdiction in Can to the jurisdiction (s) in which they practised in the past. This process verifies whether an incommendation of the control of the substantial record, as well as any record suspensions for sexual offences and local police records ation relevant to the VS check. The information that can be legally disclosed is provided to the sults of a CPIC VS check must be dated within six months of the applicant becoming registered and does not become registered within six months of the date the CPIC VS check results were indice, the applicant will be required to submit an updated CPIC VS check.	dividual for applicant. d. If the
Certific	cate of Standing	
the lic in tha Reso	have ever been registered or licensed to practise optometry or another health profession, pleasensing body where you practised to send the College a Certificate of Standing outlining your of t jurisdiction. A Certificate of Standing form is available from the College or on the College web urces/Forms). The Certificate of Standing must be dated no more than six months before your stration is issued.	current status osite (under
Ontar	io Optometric Jurisprudence Exam	
the spr offered date.	ntario Optometric Jurisprudence Exam is administered six times annually. Two administrations ring and one in the fall, are accompanied by a one-day seminar. The other four administrations without the seminar. You may attend a seminar session even if you plan to take the exam at Applicants attending a seminar session will not be permitted to write the exam the follows they have registered to do so in advance.	s are a later
www.c registe a later The O	sprudence exam and seminar dates are posted on the home page of the College website: <a href="mailto:ollegeoptom.on.ca">ollegeoptom.on.ca</a> . When your application is received by the College, you will be automatically tred for the next administration of the jurisprudence exam. If you wish to take the jurisprudence date, please check the website for alternative administration dates and write your preferred date of the college of the College.	e exam at te below.
Date of	f Seminar (if applicable) (dd/mm/yyyy):	

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

Preferred administration date for the Ontario Optometric Jurisprudence Exam (dd/mm/yyyy): .....

First and Last Name:	
riist and Last Name.	

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 and the Optometry Act 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 University of Waterloo and Vision Science (WOVS), 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.

		Sig	nature of Applicant	
Declared on this	day of (month)	, 20,	at (City)	
in the Province of				
		Signatu	re of Witness	
		Full Nar	ne of Witness	