COLLEGE OF OPTOMETRISTS OF ONTARIO

65 St. Clair Avenue East
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Toronto, ON M4T 2Y3
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TF: 1.833.402.4819
F: 647.577.4271
collegeoptom.on.ca

ATTESTATION FOR AS-OF-RIGHT EXEMPTION

(January 15, 2026)

The As of Right legislation in Ontario allows out-of-province regulated Optometrists who meet specific conditions to start temporarily working in Ontario while they are completing their registration with the College of Optometrists of Ontario. Applicants using the "As of Right" exemption, will need to access this Attestation through the application portal (https://collegeoptom.on.ca/applicants/apply-now/).

Conditions of Exemption:

I, _____ (full legal name), am applying for registration with the College of Optometrists of Ontario (College) under the "As-of-Right" exemption for out of province Optometrists. I hereby affirm that I meet all the conditions outlined in the Exemption-Restricted Titles Regulation (O. Reg. 329/25 EXEMPTION - RESTRICTED TITLES | ontario.ca) and declare the following:

1. I am registered with _____ (name of regulatory authority) in a Canadian jurisdiction with _____ (registration number/licence number) and hold in that jurisdiction the equivalent of a General certificate of registration class in Ontario.
2. I have not been denied registration with any regulatory body in a Canadian jurisdiction to practise optometry within two years of applying for registration in Ontario.
3. There are no current or past findings of professional misconduct, incompetence or incapacity that have been made about or against me because of a proceeding in relation to the profession of optometry.
4. I am not the subject of any current professional misconduct, incompetence or incapacity proceeding or any similar proceeding in relation to the profession of optometry.
5. I have submitted an application to the College for a General certificate of registration prior to providing any professional services in Ontario.
6. I hold professional liability insurance that meets the requirements as outlined in the College of Optometrists of Ontario Bylaw – Part 21.1: *Professional Liability Insurance: Mandatory Insurance for*

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Members (https://collegeoptom.on.ca/wp-content/uploads/CoOPT_ByLawsrevised13092024Final.pdf) that extends coverage to Ontario.

7. I agree that I will only provide professional services to residents of Ontario while I am physically present in Ontario.

Loss of Exemption:

I, _____ (full name), understand that I will lose my ability to practise optometry in Ontario under the As-of-Right exemption if any of the following occur:

1. The College rejects my application for a certificate of registration before the six (6) months have elapsed since I first began providing professional services in Ontario.
2. The College has not issued me a certificate of registration within the six (6) months following the day I first began providing professional services in Ontario.
3. I cease to meet a condition outlined under the above "Conditions of Exemption".

I understand that if any of the conditions listed under "Loss of Exemption" apply to me, I am no longer permitted to practise optometry in Ontario under the As-of-Right exemption, and I must immediately cease to practise and cease to hold myself out as an optometrist in Ontario.

I understand that knowingly providing false information to the College on this attestation or the application for a General certificate of registration is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Health Professions Procedural Code which is Schedule 2 to *the Regulated Health Professions Act, 1991,* S.O. 1991 c.18.

Declared on this date:

This _____ [Day (DD)] of _____ [Month (MM)],

_____ [Year (YYYY)].

_____ _____

Printed Name of Applicant | Signature of Applicant

FOR COLLEGE USE ONLY:
REGISTRATION STAFF: Date Received at College (DDMMYYYY):