



College of Optometrists of Ontario Volunteer Application Form (2018)

Want to learn new skills that enhance your practice? Want to connect with other practitioners and help shape your profession? Members of the College who are not on Council may apply for positions on College committees. To apply, complete this form and submit it to the College office by **November 2, 2018**. Don't miss this rewarding opportunity to contribute to the regulation of the profession.

(PLEASE PRINT)

Name: _____ Registration #: _____

Address: _____

Telephone: (____) _____ Email: _____

Are you now serving, or have you ever served, on any other optometric organizations? YES NO

[If YES, please list organization(s) along with the year(s) and capacity(ies) in which you serve(d)]

- 1. _____
- 2. _____

Are you now serving, or have you ever served, on any non-optometric organizations? YES NO

[If YES, please list organization(s) along with the year(s) and capacity(ies) in which you serve(d)]

- 1. _____
- 2. _____

How would you characterize your level of computer literacy? What are some of the programs and applications with which you are familiar?

Why are you interested in serving as a College committee member?

COMMITTEE MEMBER ELIGIBILITY

If you answer "Yes" to any of the following questions, please provide further details

Have you declared personal bankruptcy in the past seven years? YES NO

Do you have any previous, negative outcomes from another professional body over the past 10 years? YES NO

If YES, please provide further details about the outcome and professional body.

Are you associated with any social media profile that could bring the College or regulatory sector into disrepute, or would be considered inconsistent with College values/mandate? YES NO

Information regarding the role and mandate of the various College committees is available on the College website at www.collegeoptom.on.ca.

I am interested in serving on the following committee(s)

(If selecting more than one committee, please rank your selections in order of priority)

Inquiries, Complaints and Reports	_____	Fitness to Practise	_____
Discipline	_____	Quality Assurance (QA)	_____
Patient Relations	_____	Quality Assurance Panel	_____
Registration	_____	Clinical Practice Panel	_____

Please attach a summary of your work history, education, publications, lectures, achievements/accolades, and your involvement in any past/current committees.

Signature: _____

Date: _____

Please return this form no later than **November 2, 2018**

to: College of Optometrists of Ontario

Suite 900, 65 St. Clair Ave. E., Toronto ON M4T 2Y3

Fax: 416.962.4073 Email: NKikonyogo@collegeoptom.on.ca