COLLEGE OF
OPTOMETRISTS
OF ONTARIO

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647.577.4271
collegeoptom.on.ca

PRACTICE LOCATION / CHANGE OF INFORMATION FORM

Name of Optometrist	
Registration #	

Primary Office

Please complete all questions.

Address *include city, province, postal code, country	
Starting Date (mm/dd/yy)	
Phone	
Fax	

Your days at this location:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Employment relationship:

- ☐ Permanent
- ☐ Temporary
- ☐ Casual
- ☐ Self-employed

Employment status:

- ☐ Full-time
- ☐ Part-time
- ☐ Casual

Primary role:

- ☐ Owner/Operator
- ☐ Service provider (e.g., Associate)
- ☐ Administrator
- ☐ Consultant
- ☐ Instructor/Educator
- ☐ Manager
- ☐ Quality management specialist
- ☐ Salesperson
- ☐ Researcher

Client Age Range:

- ☐ Paediatrics (under 18 years)
- ☐ Adults
- ☐ Seniors (65 years or older)
- ☐ All ages
- ☐ Not applicable

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Practice Settings:

- ☐ Solo Practice Office
- ☐ Group Practice Office
- ☐ Hospital
- ☐ Rehabilitation Facility
- ☐ Residential/Long-term Care Facility
- ☐ Client's Environment
- ☐ Community Health Centre
- ☐ Family Health Team
- ☐ Independent Health Facility
- ☐ Assisted Living Residence/Supportive Housing
- ☐ Group Health Centre
- ☐ Nurse Practitioner Led Clinic
- ☐ Post-secondary Educational Institution
- ☐ Children Treatment Centre
- ☐ Mobile Imaging Centre
- ☐ Other Place of Work
- ☐ Association/Government/Regulatory Org./No

Services provided at this location:

- ☐ ADP Authorizer
- ☐ Automated Visual Fields
- ☐ Binocular Vision training
- ☐ Contact Lens Therapy
- ☐ Corneal Topography
- ☐ Digital Retinal Imaging
- ☐ Home Visits
- ☐ Infant Examinations (0 – 24 months)
- ☐ Institution Visits
- ☐ Low Vision Therapy
- ☐ Occupational Safety Eyewear
- ☐ Optical Coherence Tomography/Retinal Tomography
- ☐ Orthokeratology
- ☐ Pre-School Children (2 – 5 years)
- ☐ Punctal Occlusion
- ☐ Refractive Surgery Co-management
- ☐ Spectacle Therapy
- ☐ Sports Vision
- ☐ Visual Perception Testing and Therapy
- ☐ Wheelchair Access (to premises)
- ☐ Wheelchair Accessible Eye Exams

List of names of regulated health professionals with whom you are associated, in partnership or otherwise:

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Secondary Office

Please complete all questions.

Address *include city, province, postal code, country	
Starting Date (mm/dd/yy)	
Phone	
Fax	

Your days at this location:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Employment relationship:

- ☐ Permanent
- ☐ Temporary
- ☐ Casual
- ☐ Self-employed

Employment status:

- ☐ Full-time
- ☐ Part-time
- ☐ Casual

Primary role:

- ☐ Owner/Operator
- ☐ Service provider (e.g., Associate)
- ☐ Administrator
- ☐ Consultant
- ☐ Instructor/Educator
- ☐ Manager
- ☐ Quality management specialist
- ☐ Salesperson
- ☐ Researcher

Client Age Range:

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- ☐ All ages
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- ☐ Mobile Imaging Centre
- ☐ Other Place of Work
- ☐ Association/Government/Regulatory Org./No

Services provided at this location:

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- ☐ Wheelchair Access (to premises)
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Third Office

Please complete all questions.

Address *include city, province, postal code, country	
Starting Date (mm/dd/yy)	
Phone	
Fax	

Your days at this location:

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- ☐ Tuesday
- ☐ Wednesday
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- ☐ Friday
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- ☐ Sunday

Employment relationship:

- ☐ Permanent
- ☐ Temporary
- ☐ Casual
- ☐ Self-employed

Employment status:

- ☐ Full-time
- ☐ Part-time
- ☐ Casual

Primary role:

- ☐ Owner/Operator
- ☐ Service provider (e.g., Associate)
- ☐ Administrator
- ☐ Consultant
- ☐ Instructor/Educator
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- ☐ Children Treatment Centre
- ☐ Mobile Imaging Centre
- ☐ Other Place of Work
- ☐ Association/Government/Regulatory Org./No

Services provided at this location:

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