

## Change of your membership status.

Please complete and submit this form to the College.

**Retirement**

**Effective Date:** \_\_\_\_\_

*Official notice of retirement from active working life in the profession. Benefit of being offered life membership by the College  
If eligible – refer to the College By-Laws for information on Life Membership.*

**Resignation**

**Effective Date:** \_\_\_\_\_

*Official notice that you are ending your membership with the college.*

**INFORMATION REQUIRED:**

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province\State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Once your registration status has been changed to either option above, you may no longer practice Optometry in Ontario.**

Should you wish to resume practising Optometry in Ontario, you must submit a new application form to the College and undergo the registration process as a new applicant; that is, you must meet the registration requirements in effect at the time of your application.

**LOCATION OF PATIENT RECORDS**

The College regularly receives calls from patients seeking assistance in locating their health record from members who are no longer in practice. When a member of the College ceases to practice, for whatever reason, the member's patients must continue to have access to the health information contained in their patient record.

If patient records have been relocated, patients must be notified of the location of their records and the procedure to follow to request access to or transfer of their records to another practitioner.

To assist us when contacted, please fill out the information below.

My patient records have been transferred to -

Name of Optometrist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: **ONTARIO** Postal Code: \_\_\_\_\_

How have patients been notified of the location of their health records and how to access them?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR COLLEGE USE ONLY:	
ICRC: _____	Optometry Professional Corp? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Database Staff: _____