



COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

WAIVER TO RELEASE CANDIDATE INFORMATION

I, _____,
(PRINT YOUR NAME)

A. Acknowledge that the College of Optometrists of British Columbia (the “CDOBC”) will **not** accept Candidates who fail the supplementary National Board of Examiners in Optometry (the “NBEO”) examinations **three times or more**, and I declare that I have not written the supplementary NBEO examinations three times or more;

B. Give permission to the CDOBC to:

i) obtain a copy from the National Board of Examiners in Optometry (“NBEO”) of:

- my NBEO Registration Forms and Applications, including the current and past Registration Forms and Applications, Appeals and rewrites (the “Applications”);
- all documents, enclosures, and information received by the NBEO concerning the Applications;
- all correspondence, memorandum or documents sent or received by the NBEO concerning the Applications, including letters, emails, and faxes; and
- the results of my NBEO Applications including the examination results, appeals and rewrites;
(Collectively the “NBEO Information”)

And

ii) Release the NBEO information to the Canadian Provincial or Territorial regulatory bodies in Optometry to which I may or have applied for a License or Certificate of Registration to practice optometry.

Signed: _____

Witnessed: _____
(PRINT YOUR NAME)

Signed: _____

Dated: ____ / ____ / ____
day month year