

THE COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA 906 - 938 Howe Street, Vancouver, BC V6Z 1N9 Tel: 604 623 3464 | Fax: 604 623 3465 | www.optometrybc.com

FORM 10: REGISTRATION RENEWAL APPLICATION

•	s form in ink and BLOCK LETTE ON AND REGISTRATION	RS.		
NAME INFORMATION	SN AND REGISTRATION			
First Name	Middle name	Last name		Registration number
Indicate your Registration class:	Therapeutic qualified \Box	Non-therapeutic qualified	Non-practising*	Academic**
If you are renewing	registration as a therapeutic q	ualified or non-therapeutic q	ualified registrant:	
Have you provi	ded optometric services during	g the past year?	Yes [] No []	
If you have not	provided optometric services	during the past year, when di	d you last provide optomet	ric services?
Day/	month/year			
If you are renewing	registration as a non-practising	g or academic registrant, whe	en were you granted registr	ration in this class?
 Day/n	nonth/year			
CONTACTINFORMA	ATION			
Home Phone:	Home	e Fax:	Cell:	
Email:				
MAILING ADDRESS				
Suite:	Building Name/Clin	ic Name		
Street Address:		City:		
Province:	Postal Code:	Country:		
PERSONAL INFORM	IATION			
Gender: M	F 🗌			
Date of birth:	ay Month Year			
LANGUAGE FLUENC	CIES			

PLACE OF PRACTICE INFORMATION

Please provide the name, address, telephone and fax numbers for each of your places of practice and indicate your mode of practice at each location and which days of the week you practise there.

Location 1 (Clinic Name):	
Address:	City:
Province:Postal Code:	Country:Effective Date:
Telephone: ()Extension:Fax:	: () Email/Website:
Practice days: S M T T W Th F T	s 🗌
Mode of practice (circle one): Sole owner Co-o	owner Employee Contractor
Location 2 (Clinic name)	
Address:	City:
Province:Postal Code:	Country:Effective Date:
Telephone: ()Extension:F	ax: () Email/Website:
Practice days: S M T W Th F	s 🗌
Mode of practice (choose one): Sole owner Co-own	ner Employee Contractor
Location 3 (Clinic Name):	
Address:	City:
Province: Postal Code:	Country: Effective Date:
Telephone: ()Extension:F	ax: () Email/Website:
Practice days: S M M T W M Th F M	s 🗌
Mode of practice (choose one): Sole owner Co-o	owner Employee Contractor
Location 4 (Clinic Name):	
Address:	City:
Province: Postal Code:	Country: Effective Date:
Telephone: ()Extension:F	ax: () Email/Website:
Practice days: S M T T W Th F F	s 🗆
Mode of practice (choose one): Sole owner Co-ow	vner Employee Contractor
Please continue on a senarate page if necessary	

CRIMIN	AL RECORD CHECK DECLARATION					
It is mandatory that you declare: (1) criminal records to the college on the annual renewal form, and (2) criminal records any time						
during the current registration year should a criminal record arise in which case you must provide a new authorization for a criminal						
-	record check. Criminal record checks are also required every five years.					
	y charges and/or convictions for criminal offenses occurred since your last criminal check:	Yes No No				
riave arr	y charges and/or convictions for criminal offenses occurred since your last criminal check.	ies 🗀 ino 🗀				
CONTIN	UING EDUCATION DECLARATION					
I have co	impleted the requirements of the quality assurance program as set out in part 5 of the bylaws:	Yes No No				
CPR DEC	CLARATION					
As a condition of annual registration in the province of BC you are required to have a valid CPR level of certification by October 31.						
i nave co	ompleted a CPR course or CPR re-certification within the last 3 years:	Yes No No				
PRACTIS	SE IN OTHER JURISDICTION(S) DECLARATION					
	e registered or licensed to practise optometry in any other jurisdiction, indicate which jurisdiction(s) and c	onfirm that you are				
	standing in those jurisdictions.	,				
-						
Jurisdict	ion: In good standing?	Yes No No				
Jurisdict	ion: In good standing?	Yes No				
INSURA	NCE DECLARATION					
	51 of the Bylaws provides:					
(1)	Each full registrant or academic registrant must obtain and at all times maintain professional liability ins	urance				
	with a limit of liability not less than \$2,000,000 per occurrence insuring against liability arising from an e					
	negligent act of the registrant.					
I have pr	ofessional liability insurance in accordance with section 61?	Yes No N				
i ilave pi	oressional nability insurance in accordance with section of:	res 🔲 NO 📋				
NON-PR	ACTISING REGISTRANT DECLARATION					
If you ar	e renewing as a non-practising registrant, do you acknowledge your declaration that you will not provide	the services of the				
	on of optometry in British Columbia while registered in the college as a non-practising registrant?	Yes No				
ACADEN	/IIC REGISTRANT DECLARATION					
If you ar	e renewing as an academic registrant, do you acknowledge your declaration that you will not provide opt	cometric services in				
British C	olumbia except for educational purposes in an instructional setting?	Yes No				
I,	, solemnly declare that the information contained in this	form, including all				
accompanying documentation, is true, accurate and complete to the best of my knowledge,						
Signatu	re Date					