



**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 7: REGISTRATION APPLICATION**

Applicants for registration with the College of Optometrists of British Columbia must complete this form in ink.

**NAME**

\_\_\_\_\_  
First Name Middle Name(s) if any Last name

**OTHER NAMES USED OR HAVE USED:** (e.g., maiden name, birth name or previous married name)

\_\_\_\_\_  
First Name Middle Name(s) if any Last name

**CONTACT INFORMATION**

Please provide your telephone numbers, fax number (if any) and e-mail address.

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Please provide your home address, work address (if any) and mailing address (if different from your home address).

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mailing: \_\_\_\_\_

**PERSONAL INFORMATION**

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  day    month   year

Mother's maiden name \_\_\_\_\_  
(for security purposes)



Please arrange to have the following documents sent directly to the registrar by the issuing authority:

- Academic transcript from the recognized school of optometry you attended. The transcript must indicate that the course leads to a Doctor of Optometry degree.
- National qualifying examination or national qualifying examination equivalent transcript.

**PRACTICE IN OTHER HEALTH PROFESSION/JURISDICTIONS**

Have you ever practised or been registered or licensed to practise optometry or any other health profession in

- (a) Another province of Canada?  Yes  No
- (b) A US state?  Yes  No
- (c) Any other country or jurisdiction?  Yes  No

If Yes, where and what health profession(s)? \_\_\_\_\_

**DISCIPLINE HISTORY**

Have you ever been subject to a disciplinary action or been prohibited from practising optometry in another jurisdiction or subject to a disciplinary action or prohibited from practising any other health profession in British Columbia or another jurisdiction?  Yes  No

If yes, please state when and under what circumstances.

**STATUTORY DECLARATION**

Please complete the following declaration before a lawyer, notary or other commissioner for taking oaths.

I, \_\_\_\_\_, solemnly declare that

- (a) I am legally entitled to live and work in Canada,
- (b) I am 19 years of age or older,
- (c) the information contained in this registration application, including all accompanying documentation, is true and accurate to the best of my knowledge,

and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Declared before me at \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ )  
Name: \_\_\_\_\_ )

\_\_\_\_\_  
Signature of applicant

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

- [ ] A commissioner for taking affidavits in British Columbia
- [ ] A notary public in and for British Columbia
- [ ] A commissioner authorized to administer oaths in the courts of justice of

\_\_\_\_\_  
Jurisdiction

**PROFESSIONAL LIABILITY INSURANCE:** I understand that it is my responsibility to obtain and at all times maintain professional liability insurance with a limit of liability not less than \$2,000,000 per occurrence.

**NOTICE OF RIGHT TO REVIEW:** Applicants for registration with the College of Optometrists of British Columbia may apply in writing to the Health Professions Review Board for a review of a registration decision within 30 days of the day on which you received written notice of the decision. For more information, see Part 4.2 of the *Health Professions Act*.

**CHANGES IN YOUR REGISTRATION INFORMATION:** Please notify the College of Optometrists of British Columbia as soon as possible if any of the information set out in this Registration Application changes.

**For office use only:**

Registration No.: \_\_\_\_\_ Date: \_\_\_\_\_