



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 Phone: _____

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)

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: _____