

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 mu	st complete this form in ink.
NAME		
First Name	Middle Name(s) if any	Last name
riist Name	ivilidate ivalle(s) if any	Last Haine
OTHER NAMES USED OR HAV	E USED: (e.g., maiden name, birth name or previous i	married name)
First Name	Middle Name(s) if any	Last name
CONTACT INFORMATION	numbers fav number (if any) and a mail address	
Please provide your telephone	numbers, fax number (if any) and e-mail address.	
Home Phone:	Cell Phone:	
Work Phone:	Email:	
Please provide your home add	ress, work address (if any) and mailing address (if dif	ferent from your home address).
Home:		
Work:		
Mailing:		
-		
PERSONALINFORMATION		
		ime
dav m	onth vear (for security purposes)	

REGISTRATION CLASS Please indicate which registra	tion class you are applying for (check one):				
Therapeutic qualified []		n-practising* []	Academic** []		
*Applicants for the non-practising rep	gistration class must complete a statutory declaration in	Form 8, to be provided by the	college.		
**Applicants for the academic registration class must complete a statutory declaration in Form 8A, to be provided by the college.					
EDUCATION Please describe your educatio	nal credentials (from university onwards).				
Institution	Period of attendance	Degree or	qualification		
Institution	Period of attendance	Degree or	qualification		
Institution	Period of attendance	Degree or	qualification		
	ollowing (if any) you have successfully complet ninations you have successfully completed.	ed. You must provide cop	pies of academic transcripts		
OT [] Yes [] No	100 hour Ti	MOD course & exam	[] Yes [] No		
TMOD [] Yes [] No	Upgrade TN	AOD course	[] Yes [] No		

DOCUMENTS

Please provide or arrange to provide the following original documents to the college registrar:

- Authorization for a criminal record check (for applicants who have resided in another jurisdiction, an authorization for a criminal record check in that jurisdiction or a criminal record report in a form satisfactory to the registrar)
- A passport photo, to be taken within 6 months of completion of this application.
- Proof of Canadian citizenship or permanent resident status in Canada or authority to work in Canada in a health care profession.
- Letter of good standing from each previous regulatory authority that has registered, licensed, certified or otherwise authorized the applicant to practice optometry or another health profession (applicant who has practised or is practising optometry or another health profession in another jurisdiction or who has practised or is practising in another health profession in British Columbia or another jurisdiction, to be delivered to the registrar by the issuing regulatory authority. The letter should confirm the applicant's good standing in the other jurisdiction at the time he or she ceased practising in the other jurisdiction or ceased practising in the other health profession or both, as applicable, and confirming the person's good standing in any health profession in which he or she is currently practising.
- Proof of continuing education credits obtained within two years of completion of this application.

For an applicant who has practised or is practising optometry in another jurisdiction or who has practiced or is practising in another health profession in British Columbia or another jurisdiction, please provide a statement that lists any outstanding complaints, claims, actions, inquiries or proceedings against the applicant in British Columbia and/or any other jurisdiction in relation to the practice of a health profession.

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.

PRACTI	CE IN OTHER HEALTH PROFESSION/JURISDICTION	S		
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)?			
DISCIPI	LINE 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?				
If yes, p	lease state when and under what circumstances.			

	ITORY DECLARATION complete the following declaration before	e a lawyer, notary or other commissioner for taking oaths.			
l,		, solemnly declare that			
(a)	I am legally entitled to live and work in (Canada			
(b)	I am 19 years of age or older,	canada,			
(c)	the information contained in this registration application, including all accompanying documentation, is true and accurate to the best of my knowledge,				
	nake this solemn declaration conscientious fect as if made under oath.	ly believing it to be true and knowing that it is of the same legal force			
Declar	red before me at	_) _) _)			
+bic	day of				
tilis)) Signature of applicant			
Name:		_)			
Addres	ss:				
		_			
	commissioner for taking affidavits in British olumbia				
[] A r	notary public in and for British Columbia				
	commissioner authorized to administer oat the courts of justice of	rhs			
	Jurisdiction	<u> </u>			
	ESSIONAL LIABILITY INSURANCE: I underst y insurance with a limit of liability not less t	and that it is my responsibility to obtain and at all times maintain professiona than \$2,000.000 per occurrence.			
writin	g to the Health Professions Review Board	egistration with the College of Optometrists of British Columbia may apply in for a review of a registration decision within 30 days of the day on which you information, see Part 4.2 of the <i>Health Professions Act</i> .			
	GES IN YOUR REGISTRATION INFORMATION INFORMATION IN THE INFORMATION SET OUT IN THIS R	ION: Please notify the College of Optometrists of British Columbia as soon a Registration Application changes.			
For o	ffice use only:				
Regis	tration No.:	Date:			