

## CONTINUING EDUCATION RECORD FORM

Please use this form to record your CE credits.

- All registrants must retain CE certificates obtained prior to November 1, 2017, for seven years and provide them to the Registrar upon request.
- Registrants enrolled with OE Tracker will not be required to provide CE certificates obtained after November 1, 2017.
- Registrants not enrolled with OE Tracker must retain all CE certificates and provide them to the College prior to each registration renewal after November 1, 2017, along with the administrative fee.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**LAST NAME**                      **FIRST NAME**                      **MIDDLE**                      **REG NO.**                      **PHONE NUMBER**

YEAR OF CE				CE HOURS FROM PREVIOUS YEAR	CE HOURS		TOTAL CE
DATE	SPONSOR/PROVIDER	TITLE/SUBJECT AREA	OCULAR HEALTH		OTHER		
<b>TOTAL # HOURS FOR EACH CATEGORY</b>							

**PLEASE REFER TO BYLAW 73 FOR INFORMATION ON CE REQUIREMENTS, BYLAW 104 FOR RETENTION OF DOCUMENTATION AND PART 1 – CONTINUING EDUCATION REQUIREMENTS OF THE COLLEGE POLICIES**

**PLEASE NOTE:** YOU ARE SOLELY RESPONSIBLE FOR THE ACCURACY OF THIS FORM. KEEP A COPY OF THIS REPORT FOR YOUR RECORDS. REGISTRANTS MAY BE SELECTED TO UNDER GO AN AUDIT AS PER SECTION 74 OF THE COLLEGE BYLAWS.

**SIGNATURE:** \_\_\_\_\_

**DATED:** \_\_\_\_\_  
**MONTH / DAY / YEAR**



REQUEST TO CHANGE PLACE OF PRACTICE NAME

SECTION A: REGISTRANT(S) HAVING A CONTROLLING INTEREST

Section A: Registrant having controlling interest is the registrant who "owns" or has the majority "ownership" of the place of practice name and is responsible for compliance with the Bylaws for the place of optometric practice. More than one registrant may have controlling interest (eg. an equal partnership).

(1) Last Name First Name Reg. # Signature
(2) Last Name First Name Reg. # Signature
Month Day Year

SECTION B: CURRENT PLACE OF PRACTICE

Section B: This is the requested place of optometric practice name and must be unique unless the place of practice is affiliated with another BC place of optometric practice. In order to register your place of practice name with the College, your place of practice must include the word "optometrist" or a derivative of that word which conveys to the public that it is a place of optometric practice. Two or more places of practice names may not be similar, unless they are affiliated with each other.

My (our) current place of practice name
Address City Province Postal Code
Telephone Number ( ) - Fax Number ( ) -

NEW PLACE OF PRACTICE

My (our) new place of practice name
Address City Province Postal Code
Telephone Number ( ) - Fax Number ( ) -
Is this place of practice affiliated with another optometric place of practice: YES NO

SECTION C: RESPONSIBLE REGISTRANT INFORMATION

Section C: Each place of optometric practice must have a registrant who is responsible for clinical care and compliance with the Bylaws regarding place of practice and a registrant may not assume these responsibilities for more than four places of practice. If the registrant owns more than four places of practice, he/she must appoint another registrant who will accept those responsibilities and has not already assumed responsibilities for four places of practice.

a) Same as per section A(1) b) Same as per section A(2) or c) Complete the section below.
Last Name First Name Reg. #
Signature Month Day Year

SECTION D: RECORDS - RESPONSIBLE OWNER

Section D: A registrant must ensure that all records containing the personal information of patients, at his/her place of practice, are owned in accordance with the Bylaws. Registrant must declare the responsible owner of these records at their place of practice.

a) Same as per section A(1) b) Same as per section A(2) or c) Complete the section below.
Registrant: Last Name First Name Reg. # Signature
BC Optometric Corporation: Optometric Corporation Name Authorized Signature(s)
OC Permit #

FOR OFFICE USE ONLY

Signature Month / Day / Year

- A separate form must be completed for each place of practice
• All sections must be completed

**DECLARATION OF TRANSFERRING CONTROLLING INTEREST**

**SECTION A:** In order to transfer controlling interest of an approved place of practice to another registrant(s), **transferring registrant(s)** must complete Section A.

**I/We:**

(1)

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Reg. # Signature  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**and**

(2)

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Reg. # Signature  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

hereby declare, effective \_\_\_\_/\_\_\_\_/\_\_\_\_, that I am/we are transferring controlling interest of:

**i) Name:**

\_\_\_\_\_  
Approved Place of Practice Name

**ii) Address:**

\_\_\_\_\_  
Approved Place of Practice Address

**To:**

\_\_\_\_\_  
Last Name First Name

Reg

**and**

\_\_\_\_\_  
Last Name First Name

Reg #

**SECTION B:** In order to receive controlling interest of the above place of practice, **the recipient registrant(s)** must complete Section B and Form 19 (Place of Practice – Request for Name Approval).

**I/We:**

(1)

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Reg. # Signature  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**and**

(2)

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Reg. # Signature  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

hereby declare, effective \_\_\_\_/\_\_\_\_/\_\_\_\_, that I/we will have controlling interest of:

\_\_\_\_\_  
Place of Practice Name

**and/or**

\_\_\_\_\_  
Place of Practice Address

*Note: All applicable sections must be completed*

## TRANSFER OF RECORDS CONTAINING PERSONAL INFORMATION

**To be completed by Recipient Registrant:**

Pursuant to Bylaws, s. 97<sup>1</sup>, I, \_\_\_\_\_, Registration No. \_\_\_\_\_, declare that I received the personal information and medical and other records (the "records") from the disposing registrant, \_\_\_\_\_,

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. Pursuant to Bylaws, s. 97(4), I confirm that I have notified the patients in question of the transfer.  
Month Day Year

Pursuant to Bylaws, s.105<sup>2</sup>, these records will be located at \_\_\_\_\_  
(ADDRESS)

effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.  
Month Day Year

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**To be completed by Disposing Registrant:**

Pursuant to Bylaws, s. 103<sup>3</sup>, I, \_\_\_\_\_, Registration No. \_\_\_\_\_, declare that I am the owner of the personal information and medical and other records (the "records") located at \_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_. Pursuant to Bylaws, s. 97, I am disposing of these records by transferring them with  
(ADDRESS)

the consent of the patients to the Recipient Registrant \_\_\_\_\_ effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.  
Month Day Year

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

- <sup>1</sup> 97 (1) A registrant must ensure that records containing personal information are disposed of or transferred only by:
- (a) transferring the records to another registrant in good standing or BC optometric corporation in good standing for the purposes of ongoing optometric care,
  - (b) transferring the records to the patient,
  - (c) transferring the records to any third party with the written consent of the patient,
  - (d) effectively destroying those records by utilizing a shredder or by complete burning, or
  - (e) erasing information recorded or stored by electronic methods on memory devices, disks, tapes, or other media in a manner that ensures that the information cannot be reconstructed.
- (2) A registrant who disposes of records by transferring them pursuant to subsection (1)(a) has a right to review them for a period of seven years after transferring them.
- (3) A registrant who disposes of records by transferring them pursuant to subsection (1)(a) may, subject to these bylaws, transfer copies of the records and retain the originals.
- (4) A registrant who receives personal information transferred in accordance with this section must notify any patient concerned of the transfer.

- <sup>2</sup> 98 (1) A registrant who ceases to practice in British Columbia for any reason or moves to another place of practice in British Columbia, or a registrant or former registrant who moves to another jurisdiction must:
- (a) dispose of or transfer records containing personal information in accordance with this Part,
  - (b) notify the college within five business days of ceasing to practice, moving to another place of practice in British Columbia, or moving to another jurisdiction, and
  - (c) provide the college with a written summary of the steps he or she has taken to dispose of or transfer the records containing personal information and provide the name of

- the registrant who will be assuming responsibility for continuing patient care.
- (2) A registrant must make appropriate arrangements to ensure that, in the event the registrant dies or becomes unable to practice for any reason and is unable to dispose of or transfer records containing personal information, the personal information will be safely and securely transferred to another registrant in good standing or BC optometric corporation in good standing.
- (3) In the event that a registrant ceases to practice and fails to transfer, dispose of or make arrangements to dispose of personal information as required by this Part, the board may appoint another registrant to receive the records containing personal information.
- (4) A registrant who receives personal information transferred in accordance with this section must notify any patient concerned of the transfer.
- (5) For the purpose of this section, a registrant who is temporarily suspended for no more than six months does not cease to practice

- <sup>3</sup> 103 (1) A registrant must ensure that all records containing personal information of his or her patients are owned by
- (a) the registrant,
  - (b) another registrant by whom the registrant is employed or for whom the registrant is a contractor,
  - (c) a BC optometric corporation,
- (2) If a registrant employs or is employed by another registrant, or is employed by a BC optometric corporation, the registrant must secure a written agreement with the other registrant or BC optometric corporation establishing which of them owns the records referred to in subsection (1).
- <sup>4</sup> 105 A registrant or former registrant must notify the registrar in writing within five business days upon moving records from the registrant's or former registrant's place of practice or other storage location to a new location.

## DECLARATION OF OWNERSHIP OF RECORDS

I, \_\_\_\_\_, Registration No. \_\_\_\_\_, declare that I am **NOT** the owner of the personal information and medical and other records (the "records") located at \_\_\_\_\_  
(ADDRESS)  
\_\_\_\_\_.  
(ADDRESS)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

I, \_\_\_\_\_, Registration No. \_\_\_\_\_, declare that I **AM** the owner of the personal information and medical and other records (the "records"), Pursuant to Bylaws, s. 103, located at \_\_\_\_\_  
(ADDRESS)  
\_\_\_\_\_.  
(ADDRESS)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

- 98 (1) *A registrant who ceases to practice in British Columbia for any reason or moves to another place of practice in British Columbia, or a registrant or former registrant who moves to another jurisdiction must:*
- (a) *dispose of or transfer records containing personal information in accordance with this Part,*
  - (b) *notify the college within five business days of ceasing to practice, moving to another place of practice in British Columbia, or moving to another jurisdiction, and*
  - (c) *provide the college with a written summary of the steps he or she has taken to dispose of or transfer the records containing personal information and provide the name of the registrant who will be assuming responsibility for continuing patient care.*
- (2) *A registrant must make appropriate arrangements to ensure that, in the event the registrant dies or becomes unable to practice for any reason and is unable to dispose of or transfer records containing personal information, the personal information will be safely and securely transferred to another registrant in good standing or BC optometric corporation in good standing.*
- (3) *In the event that a registrant ceases to practice and fails to transfer, dispose of or make arrangements to dispose of personal information as required by this Part, the board may appoint another registrant to receive the records containing personal information.*
- (4) *A registrant who receives personal information transferred in accordance with this section must notify any patient concerned of the transfer.*
- (5) *For the purpose of this section, a registrant who is temporarily suspended for no more than six months does not cease to practice.*
- 103 (1) *A registrant must ensure that all records containing personal information of his or her patients are owned by*
- (a) *the registrant,*
  - (b) *another registrant by whom the registrant is employed or for whom the registrant is a contractor, or*
  - (c) *a BC optometric corporation.*
- (2) *If a registrant employs or is employed by another registrant, or is employed by a BC optometric corporation, the registrant must secure a written agreement with the other registrant or BC optometric corporation establishing which of them owns the records referred to in subsection (1).*

- A separate form must be completed for each place of practice
- All sections must be completed

**ASSUMING RESPONSIBILITIES UNDER BYLAW 119**

Pursuant the Bylaw 119 <sup>1</sup>, I, \_\_\_\_\_, Registration No. \_\_\_\_\_,  
confirm that **I am assuming the responsibilities for the place of practice** at following location:

Place of practice name: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

If I, \_\_\_\_\_ cease to practise at the above location, or are otherwise unable to attend to my duties and responsibilities under the Bylaw 119, I will immediately advise the Registrar, in writing, of the steps I have taken with respect to this matter.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

If the aforementioned place of practice name has been approved for another registrant(s), that registrant must complete the section below:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

<sup>1</sup> 119 (1) For each place of practice in which a registrant is affiliated, that registrant must inform the registrar in writing of the name of the registrant at that place of practice who will have custody or control of clinical records and who will be responsible for ensuring:  
(a) the compliance of that place of practice with Part 10 of the bylaws, and  
(b) the maintenance and implementation of patient care policies, including patient follow-up, at that place of practice.  
(2) Nothing in this section precludes or diminishes the ultimate responsibility for a patient's care of a registrant who examines that patient.

- A separate form must be completed for each place of practice
- All sections must be completed

# NOTICE OF STUDENT INTERNSHIP

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In accordance with the policies of the College, a “student intern” means a student who

- a) is currently enrolled in a recognized school of optometry, and
- b) has successfully completed at least three years of education there.

Registrants may permit student interns to undertake internships in their places of practice under their supervision, and must provide the Registrar with the following information at least seven days before the internship begins.

Before permitting a student intern to examine a patient, a registrant must inform the patient that he or she will be examined by a student intern.

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**TO BE COMPLETED BY STUDENT INTERN:**

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\_\_\_\_\_  
LAST NAME    MIDDLE NAME    FIRST NAME

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL CONTACT ADDRESS: \_\_\_\_\_

SCHOOL CONTACT NAME:

\_\_\_\_\_  
LAST NAME    MIDDLE NAME    FIRST NAME

SCHOOL CONTACT PHONE: \_\_\_\_\_

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**TO BE COMPLETED BY REGISTRANT:**

SUPERVISING REGISTRANT: \_\_\_\_\_

LOCATION OF INTERNSHIP: \_\_\_\_\_

I, \_\_\_\_\_ (Registrant) agree to undertake the supervision  
of \_\_\_\_\_ (Student Intern) for the duration of the  
internship, from \_\_\_\_\_ to \_\_\_\_\_  
   Day    Month    Year     Day    Month    Year

SIGNATURE OF REGISTRANT: \_\_\_\_\_

DATE: \_\_\_\_\_  
   Day    Month    Year

\*Please fax back to the College office at 604-623-3465