

Acknowledgement of Revocation

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

Please complete all sections below.

A. Personal Information	
Full Name:	
Registration Number:	
I have already provided my current contact information to the College (if so, please proceed to Section C):	
Yes	No

B. Contact Information (if applicable)		
Address:		Unit/Apt Number:
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	Email:

C. Acknowledgement and Declaration	
I hereby acknowledge that my Certificate of Registration ("Certificate") with the College of Opticians of Ontario (the "College") will be revoked effective July 1, 2025. I understand that my status will be displayed as "Revoked" on the Public Register.	
By signing and dating this form, I acknowledge that once my Certificate has been revoked, I cannot reinstate it. If I choose to return to the practice of opticianry in the future, I must re-apply to the College as a new optician and meet the registration requirements in place at that time, including rewriting the licensing examinations.	
Signature:	Date:

Submit this form by email to certificate@collegeofopticians.ca or by fax to 416-368-2713.