

RETIREMENT FORM

This form is fillable online. Please PRINT all information clearly if you are not filling out this form electronically. All required information is marked with an asterisk (*). Please complete all sections below. 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.

		*Registration Number:
* First Name:	Middle Name:	*Last Name:
B. Acknowledgment, Declaration and Signature		
<p>I hereby declare that I am retiring from the practice of opticianry. However, I do not wish to resign as a member of the College of Opticians of Ontario (the "College") at this time. I understand that if I do not pay the annual registration fee, my certificate of registration ("certificate") will be suspended .</p> <p>By signing and dating this form, I hereby acknowledge that I have read and I understand the '<i>Registration Policy- Retiring or Resigning from the College</i>'. I further acknowledge that if my certificate is suspended and I wish to return to the practice of Opticianry in the future, I will need to meet the reinstatement requirements in place at that time.</p>		
* Optician Signature:		

[Registration Policy - Retiring or Resigning from the College](http://www.coptont.org/docs/COO-Retiring%20or%20Resigning%20Policy.pdf)

[www.coptont.org/docs/COO-Retiring or Resigning Policy.pdf](http://www.coptont.org/docs/COO-Retiring%20or%20Resigning%20Policy.pdf)

[Reinstatement Policy](http://www.coptont.org/docs/Policies/Reinstatement-Policy.pdf)

www.coptont.org/docs/Policies/Reinstatement-Policy.pdf

Please mail, fax, or e-mail this form to:

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