

Contact Lens Mentor Application Form

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.

All required information is marked with an asterisk (*). Please complete all sections below.

A. PERSONAL INFORMATION				
			* Registration Number:	
* Last Name:	* First Name:		* Middle Name:	
* I am applying to become a contact lens mentor for:	Soft Fittings	Rigid Fittings	Soft & Rigid Fittings	
B. PRACTICE INFORMATION				
Business Name:		Street Number:	Street Name:	
Unit Number:	City:	Province:	Postal Code:	
Business Phone:		Business Fax:	Business Email:	
C. DISPENSING EXPERIENCE				
* Number of years registered as an Optician with the College of Opticians of Ontario:			* Number of years <u>actively and currently</u> fitting contact lenses:	
Have you been registered as an Optician with the authority to dispense contact lenses in another Canadian jurisdiction? Yes* No				
* Please complete the information below and provide a completed Form A from each province in which you were registered to practise as an Optician:				
Regulatory/Licensing Body	Province	License/Registration #	Registered/Licensed From	Registered/Licensed To
			/ /	/ /
			/ /	/ /
* Are you a registrant in good standing with the College of Opticians?				Yes No
* Do you presently work in a practice which includes dispensing contact lenses as part of the services offered to the public?				Yes No
* How many soft contact lens fittings have you performed in the past 3 years?				
* How many rigid contact lens fittings have you performed in the past 3 years?				
Type of contact lens dispensed: (Please check all applicable boxes below)				
Soft Spheres	Soft Toric		Rigid Contact Lens	
Therapeutic	Bifocals		Prosthetic	
Toric Rigid Contact Lens	Other:			

This form is two (2) pages. Please complete BOTH pages before submitting to the College of Opticians of Ontario.

D. AGREEMENT

* Do you agree to be added to an official registry of contact lens mentors?	Yes	No
* Do you give permission to the College of Opticians of Ontario to inspect contact lens files for verification of required fittings?	Yes	No
* Do you agree to only supervise the contact lens fittings you are approved to supervise?	Yes	No
* Do you agree to renew your contact lens mentor status prior to the date of expiration or to cease to supervise the contact lens fittings of student and intern opticians' (including signing the contact lens portion of the fittings logbooks) should you decide not to renew your contact lens mentor status?	Yes	No
* Do you agree <u>not</u> to charge a fee to sign logbooks or to supervise student/ intern opticians?	Yes	No

E. SIGNATURE

I state that the above information is correct and true.

* Optician Signature:

* Date:

Please be advised you must first receive written confirmation from the College of Opticians that you are approved as a Contact Lens Mentor before you begin the supervision of student and intern opticians for contact lens fittings and signing of the contact lens portion of their Fittings Logbook.

Please forward the complete Certificate of Standing to the College of Opticians
by email or fax:

Email: registration@collegeofopticians.ca

Fax: 416-368-2713

Attn: Registration Department

***Submitted documents must be legible.**

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Page 2 of 2

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FORM A – CERTIFICATE OF STANDING

AUTHORIZATION FOR THE RELEASE OF INFORMATION

The following is to be completed by the applicant and forwarded to the regulatory authority with which the applicant is, or has been previously, registered. It is the applicant's responsibility to assume all costs related to the regulatory authority's provision of the information below.

I _____ have applied for a Certificate of Registration with the College of Opticians of Ontario in order to engage in the
(Applicant's Full Name)
practice of Opticianry. I hereby authorize _____ to release the information requested in this form,
(Regulatory Authority)
including any information related to my registration that may affect my suitability to practise Opticianry in Ontario.

Signature

Date

The following is to be completed by the regulatory authority and returned to the College of Opticians of Ontario

GENERAL INFORMATION

Applicant's registered name:

Applicant's previous name(s):

The applicant is/was registered to practise as: Optician Optometrist Ophthalmologist Other: _____

REGISTRATION HISTORY

<i>Registration Type</i>	<i>Registration Number</i>	<i>From (mm/dd/yyyy)</i>	<i>To (mm/dd/yyyy)</i>

To the best of your knowledge, has this applicant been registered in any other jurisdiction? Yes* No

If "Yes", please fill in the information in the table below

<i>Governing Body</i>	<i>From (mm/dd/yyyy)</i>	<i>To (mm/dd/yyyy)</i>

Has this applicant's registration/licence ever been suspended? Yes* No

If "Yes", please provide details:

Has this applicant's registration/licence ever been revoked? Yes* No

If "Yes", please provide details:



PROFESSIONAL CONDUCT

Is this applicant's license/registration subject to any terms, conditions, limitations or restrictions? Yes* No

If "Yes", please provide details:

Has this applicant entered into any undertakings with respect to their license/registration? Yes* No

If "Yes", please provide details:

Is this applicant currently the subject of any professional misconduct, incompetency or incapacity proceeding? Yes* No

If "Yes", please provide details:

Has this applicant ever been the subject of a professional misconduct, incompetency or incapacity proceeding? Yes* No

If "Yes", please provide details:

Is this applicant currently the subject of a formal complaint or investigation? Yes* No

If "Yes", please provide details:

Has this applicant ever been the subject of a formal complaint or investigation where the outcome was anything other than "no further action"? Yes* No

If "Yes", please provide details:

Has this applicant ever been found to be non-compliant with your quality assurance and/or continuing education program? Yes* No

If "Yes", please provide details:

Does this applicant have any outstanding obligations to your organization (such as fees)? Yes* No

If "Yes", please provide details:

Is there any additional information that may be relevant to the applicant's suitability to practise Opticianry?

CERTIFICATION

I confirm that all the information provided in this form is complete and accurate

Regulatory Authority	Title	Date Signed and Sealed
Seal/Stamp:		

Please forward the complete Certificate of Standing to the College of Opticians by email or fax.

registration@collegeofopticians.ca

(416) 368-2713