

VERIFICATION OF DISPENSING EXPERIENCE FORM

For **International** and **Non-Accredited** Education Applicants



Please PRINT all information clearly. It is a non exemptible registration requirement that applicants applying for a certificate of registration as a registered optician from an international or non-accredited education program submit a completed Verification of Dispensing Experience Form as proof of having completed 1000 hours of verified dispensing experience. Please submit one form for each practice location. Ensure that all forms have been signed by the supervising optician(s), optometrist(s), or physician(s) or that documentary evidence of your solemn declaration that the hours were completed by you is submitted along with this form (i.e. in the case of dispensing experience completed outside of Canada). Please complete sections a-c and d or e below.

SECTION A. PERSONAL INFORMATION

Salutation:	Legal First Name:
Legal Middle Name:	Legal Last Name:

SECTION B. EMPLOYER INFORMATION

Provide employer information below for the location where the dispensing experience took place

Business/ Employer Name:	Address:	
City:	Prov./Terr./State:	Postal Code:
Country:	Phone Number/ Extension:	
Business / Employer Email Address:	Self -Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Day of Employment: dd/mm/yyyy	Last Day of Employment: dd/mm/yyyy (Enter NA if Still Employed)	

SECTION C. RECORD OF ACTUAL DISPENSING EXPERIENCE

Provide the information requested below for the employment location listed above. Laboratory hours are not eligible

Hours per week of actual dispensing?	First day of actual dispensing? dd/mm/yyyy
Total dispensing hours:	

SECTION D. DISPENSING EXPERIENCE COMPLETED OUTSIDE OF CANADA:

The College will only accept dispensing experience completed outside of Canada from [non-accredited education applicants](#) who are applying from a country outside of Canada and were practicing as an optician in that country. **You are required to make a solemn declaration before a notary public or commissioner for oaths that you have completed the provided hours and submit documentary evidence in the form of an original letter (photocopies will not be accepted) from a notary public or commissioner for oaths that the declaration was made.**

SECTION E. DISPENSING EXPERIENCE COMPLETED IN CANADA:

Declaration of supervising optician(s), optometrist(s) or ophthalmologist(s) required. Please print

I state that the above information is true to the best of my knowledge and belief and that _____ (print name) received the above actual dispensing hours during the specified period and/or number of eye glasses and contact lens fittings under my supervision.

Supervisor 1	Supervisor 2 (if applicable)
Registration/ Licence #:	Registration/ Licence #:
Regulatory Body:	Regulatory Body:
Full Name:	Full Name:
Signature:	Signature:
Date:	Date:

Return this form to:
 College of Opticians of Ontario
 90 Adelaide Street West, Suite 300
 Toronto, ON, M5H 3V9
 Email: registration@collegeofopticians.ca