



## FORM A – DISPENSING EXPERIENCE VERIFICATION

Please fill in the information below if you graduated from a non-accredited program or an accredited program but your graduation letter does not verify your dispensing experience. You must complete 1000 hours of verified dispensing experience prior to applying for registration as a Registered Optician.

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### DISPENSING EXPERIENCE

Please provide the information below regarding your dispensing experience

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
Province: \_\_\_\_\_ First Day of Dispensing: / /  
Postal Code: \_\_\_\_\_ Last Day of Dispensing\*: / /  
Country: \_\_\_\_\_

How many hours did you dispense per week at this practice location?

How many hours total have you dispensed at this practice location?

**Number of eyeglass fittings (=>250):**

Multi Focal (=>100)  
High Myopic (=>25\*\*)  
Hyperopic (=>25\*\*)

**Number of contact lens fittings (=>20):**

Soft  
Rigid Gas Permeable (=>5)

\*not applicable if you are currently dispensing at this location

\*\* You are required to have either 25 high myopic or 25 hyperopic fittings, or a combination of both

### SUPERVISOR DECLARATION

This section should be completed by a Registered Optician, Optometrist, or Medical Doctor who supervised your dispensing\*

I verify and confirm that the individual named above has dispensed under my supervision, and the information noted in this form is complete and accurate

**Supervisor Name:**

Registration Number:  
Governing Body:

Signature: \_\_\_\_\_  
Date:

**Additional Supervisor Name (if applicable):**

Registration Number:  
Governing Body:

Signature: \_\_\_\_\_  
Date:

\* If your dispensing experience was completed outside of Canada, please provide a sworn affidavit stipulating you have completed the required 1000 hours of dispensing experience. The Affidavit must be sworn in the presence of a Commissioner of Oaths. Please see the College's website for a sample Affidavit.