

Form A – Dispensing Experience Verification 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.

Please complete this form if you graduated from 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. Complete one form for every practice being used to confirm your hours.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:

B. Dispensing Experience					
Business Name:					
Address:					
City:	Province	:	Country:		Postal Code:
Phone Number:		Fax Number:	Email Address:		ddress:
First Day of Dispensing:		Last Day of Dispensing (if applicable):			
How many hours did/do you dispense per week at this practice location?					
How many hours total have you dispensed at this practice location?					
Number of eyeglass fittings:		Number of contact lens fittings:			
(=>250)		(=>20)			
Number of multi focal: (=>100)		Number of soft:			
Number of high myopic:		Number of rigid gas permeable:			
(=>25*)		(=>5)			
Number of hyperopic:		*You are required to have either 25 high myopic or 25			
(=>25*)		hyperopic fittings, or a combination of both.			

C. Supervisor Declaration	on
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This section should be completed by the 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 that the information in this form is complete and accurate.

Supervisor Name:	Supervisor Name:
Registration Number:	Registration Number:
Regulatory Authority:	Regulatory Authority:
Signature:	Signature:
	-
Date:	Date:

Submit this form by email to <u>registration@collegeofopticians.ca</u> or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.