



FORM B – 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

Registration Type	Registration Number	From (mm/dd/yyyy)	To (mm/dd/yyyy)

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

Governing Body	From (mm/dd/yyyy)	To (mm/dd/yyyy)

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Has this applicant's registration/licence ever been revoked?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, fax, or mail

registration@collegeofopticians.ca

(416) 368-2713