



FORM C – INSURANCE OR UNDERTAKING

Please fill in either the insurance information **OR** the undertaking portion of the form. Please note that if you are employed in the profession, or wish to maintain your status as “Entitled to Practise” on the public register, you must have professional liability insurance.

GENERAL INFORMATION

Last Name: _____ First Name: _____ Registration Number: _____
Email Address: _____

INSURANCE INFORMATION

Please provide the information below regarding your professional liability insurance.

Insurance Company Name: _____

Policy Number: _____

Certificate Number: _____

Professional Liability Coverage Amount: _____

Expiry Date: _____

Is this personal insurance, or is the insurance provided by your employer? Personal Employer*

*If professional liability insurance is provided by your employer:

- Your name must be listed on the insurance certificate; and
- You must have professional liability insurance for every business at which you are employed

Acknowledgement and Declaration

I _____ hereby declare:

(Full Name)

1. The insurance information contained in this form is complete and accurate;
2. I am insured under said policy;
3. I have provided a copy of the policy to the College along with this form as proof of my insurance;
4. Should my policy expire while I am employed in the profession, I undertake to renew or replace my policy prior to the expiry date in the amount of no less than \$1,000,000, and submit a copy of the renewed policy to the College; and,
5. I understand and agree that making a false statement will be considered an act of professional misconduct and may result in revocation and/or disciplinary proceedings against me.

Signature

Date

UNDERTAKING

Complete this section only if you are not employed in the practice of Opticianry and do not intend to be. Please note that completing this section will result in your status being displayed as “Not Entitled to Practise” on the Public Register.

I _____ (Full Name) hereby undertake to not engage in the practice of Opticianry, including the dispensing of eye glasses, contact lenses, and subnormal vision devices, nor to supervise or direct a student optician or a registered intern optician in Ontario, until I submit proof of my professional liability insurance to the College and my status has changed to “Entitled to Practise” on the public register. I understand and agree that a breach of this undertaking will be considered professional misconduct and may result in revocation and/or disciplinary proceedings against me.

Signature

Date