



FORM B – REQUEST FOR CERTIFICATE OF STANDING OTHER REGULATORY BODY

REGISTRANT DETAILS

Last Name:

First Name:

Registration Number:

Former Name(s):

RECIPIENT DETAILS

Enter the details of the person/organization that will receive the Certificate of Standing

Name of Regulatory Body:

Address of Regulatory Body:

Recipient Name (if known):

Telephone:

Email:

AUTHORIZATION TO RELEASE INFORMATION

Please complete this section to authorize the College of Opticians to release the information in this form to the Regulatory Body identified above. Please note that this information will be provided by the College directly to the identified organization.

I, _____, hereby authorize the College of Opticians of Ontario to provide the following information to the Regulatory Body noted above:

Information currently available on the COO Public Register, including (where applicable):

- Date of initial registration as a student and/or intern and/or optician
- Details of my current registration status
- Dates of any changes to my registration status
- Any terms, conditions or limitations imposed on my Certificate of Registration
- The effective date(s) and reasons for any suspension, revocation or reinstatement of my Certificate of Registration
- Any current undertaking(s) relating to matters involving professional misconduct or incompetence

- Any current disciplinary proceeding involving allegations of professional misconduct or incompetence
- Any prior finding of professional misconduct or incompetence
- Any prior finding of incapacity
- Any findings of guilt under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) that I reported to the College or are otherwise known to the College
- Any current existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt that I reported to the College or are otherwise known to the College
- Any outstanding charges under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) that I reported to the College or are otherwise known to the College
- Any current licenses or registrations to practice another profession inside or outside Ontario that I reported to the College or are otherwise known to the College
- Any disciplinary findings or findings of professional misconduct or incompetence by another regulatory licensing body in any jurisdiction that I reported to the College or are otherwise known to the College

In addition to the above information:

- Any current ongoing investigation(s) of a complaint or report
- Outcomes of any prior complaint or other investigation that resulted in an outcome other than “take no action”
- Current proceeding involving allegations of incapacity
- Any prior finding of non-compliance with the College’s quality assurance program that was referred to the Inquiries, Complaints and Reports Committee
- Any outstanding obligations to the College (e.g. fees, currency, continuing education/quality assurance)

I would like a copy of the Certificate of Standing sent to me for my own records: Yes No

Signature:

Date:

Please mail, fax or e-mail this form to:

The College of Opticians of Ontario
90 Adelaide Street West, Suite 300
Toronto, ON M5H 3V9

Fax: 416-368-2713 OR 1-800-990-9698
Email: registration@collegeofopticians.ca