



PLAR APPLICATION FORM  
For International or Non-Accredited Education Applicants



**PREVIOUS REGISTRATION**

Have you ever been registered with the College of Opticians of Ontario as an RO, Student or Intern?  Yes  No  
If yes, you must provide the information requested below.

Previous class of registration: <input type="checkbox"/> Student <input type="checkbox"/> Intern <input type="checkbox"/> Optician	Previous Registration number:
Name previously registered under:	Previous registration date:

**REGISTRATION/LICENSE LOCATIONS**

Are you currently registered as a health professional in another country?  Yes  No  
If yes, provide the information requested below (use a separate sheet of paper if necessary)

Regulatory / Licensing Body:	Country:	License/ Registration #:	Expiry Date : dd/mm/yyyy	In good standing:
1.	1.	1.	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	2.	2.	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	3.	3.	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not in good standing in any of your registration or license locations provide details and reason(s) on a separate sheet of paper and submit to the College along with this form.

**EXAMINATION**

Have you successfully completed (i.e. received a passing grade/score) any examinations related to opticianry?  Yes  No  
If yes, you must provide the information requested below and supporting documentation to verify successful completion.

Name of Institution/ Licensing Body : if applicable	
Exam Date: dd/mm/yyyy	Candidate#: If applicable
Result: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Passing Grade/ Score: _____	Province /State OR Country:

**CITIZENSHIP/IMMIGRATION STATUS**

You are required to provide proof of your Canadian citizenship or permanent residency or employment authorization.

Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not a Canadian Citizen, are you a permanent resident of Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date: mm/dd/yyyy
If not a permanent resident, do you have employment authorization under the Immigration and Refugee Protection Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date: mm/dd/yyyy

**DECLARATION OF CONDUCT**

If you answer YES to any of the questions below, please provide full details including any relevant documentation. For further guidance, please [click here](#) to refer to the Registration Policy dealing with 'Convictions, Findings and Ongoing Proceedings'.

1. Have you ever been found guilty of an offense related to the regulation of the practice of opticianry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been found guilty of a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has a finding of professional negligence or malpractice, which may or may not relate to your suitability to practice, been made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. Have you ever been refused registration in an opticianry regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incompetency, incapacity, or a similar issue <u>in relation to opticianry</u> in Ontario or another jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had a finding of, or are you currently facing a proceeding for professional misconduct, incompetency, incapacity or a similar issue <u>in another profession other than opticianry</u> in Ontario or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FEES**

PLAR Application Fee:  \$ 169.50 (\$150.00 + \$19.50 HST)

Method of Payment: (select payment method)  Visa  MasterCard

Credit Card Number (16 digits)

Expiry Date (4 digits)

Cardholder's Name  Cardholder's Signature

**SIGNATURE AND DECLARATION**

I hereby certify that the statements made by me on this form are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.

Signature:  Date:

**GENERAL INSTRUCTIONS**

**This is not an application for registration:** If you are seeking registration with the College of Opticians of Ontario, in addition to completion and submission of this form, the College must receive the documents below in order to review your request for registration with us. Once the College receives the information requested, we will review your request for registration and send written confirmation of our decision and the steps you need to take to register to the email address you provided. If any of the above documents are not available, please provide a written explanation as to why you are unable to provide them. Incomplete applications that do not include written explanations will not be processed.

**Processing Timelines and Accommodations of Special Needs Policy:** The processing of your application is dependent on a number of factors, such as the date it was received and the Registration Committee meeting dates. Please visit our website [here](#) for a general overview of the processing timelines for 'International or Non-Accredited Education' applications. If you have an accommodation request based on a special need please review our ['Accommodations of Special Needs Policy'](#) .

**Contact information and available resources:** If you have any questions regarding the processing of your application, please do not hesitate to contact Registration Services by email at [registration@collegeofopticians.ca](mailto:registration@collegeofopticians.ca), or by telephone at 416-368-3616, extension 203. You may also visit our [website](#) for additional information on the application process for International and Non-Accredited Applicants.

**Please submit all documents via email or mail to:** College of Opticians of Ontario  
90 Adelaide St. W., Suite 300  
Toronto, Ontario M5H 3V9  
[registration@collegeofopticians.ca](mailto:registration@collegeofopticians.ca)

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**YOU ARE REQUIRED TO SUBMIT THE FOLLOWING TO THE COLLEGE:**

1. **Completed PLAR Application Form:** For International or Non-Accredited Education Applicants;
2. **Completed [Dispensing Experience & Fittings Form](#):** If you have any practical professional experience related to opticianry;
3. **Completed [Previous Registration Form](#);**
4. **Letter from employer:** To verify your practice experience. The letter should detail the following:
  - Name of employer
  - Full mailing address of employer
  - Start and end date of employment
  - Your job duties
  - Approximate number of hours of actual dispensing experience (laboratory hours are not eligible)
  - Number of EG and CL fittings you have done
5. **Resume :** Which details your work experience in opticianry;
6. **Transcript from educational institution(s):** If you have completed any education in opticianry or related to opticianry (e.g. Optometry, etc.);
7. **Copy of diploma or degree from educational institution:** If you have completed any education in opticianry or related to opticianry (e.g. Optometry, etc.);
8. **Student Record :** \*Only required from applicants who have graduated from BC College of Optics;
9. **Documentation to verify legal name:** You are required to submit a notarized photocopy of your current passport, driver's license, or birth certificate. Submission of secondary proof is required if you are submitting your birth certificate and the name that appears on it is not your current legal name (e.g. marriage certificate or court certificate);
10. **Details of 'Conduct Declaration'** if applicable. Please [click here](#) to refer to the Registration Policy dealing with 'Convictions, Findings and Ongoing Proceedings';
11. **Details if not in good standing in 'Registration/License Location(s)'** if not already submitted and if applicable;
12. **Documentation to verify any examinations you have completed:** Related to opticianry;
13. **Proof of Language Proficiency:** \* Only required of applicants applying from a country outside of Canada. An applicant must be able to speak and write either English or French with reasonable fluency. If the applicant's primary language is not English or French, and if the applicant graduated from a school/university where the language of instruction is not English or French, the applicant must demonstrate proficiency by achieving the score acceptable to the College on one of the approved tests outlined in the [Language Proficiency Policy](#);
14. **Assessment of your academic credentials and a comparison to Ontario educational standards from WES (World Education Services)**  
\* Only required of applicants applying from a country outside of Canada. A course-by-course evaluation is required. The cost of the WES assessment is the responsibility of the applicant.  
  
**The cost of the WES assessment is the responsibility of the applicant.**  
WES may be contacted at:  
**World Education Services**  
45 Charles Street East, Suite 700  
Toronto, ON. M4Y 1S2  
Tel: 416-972-0070, 866-343-0070  
Fax: 416-972-9004  
E-mail: [canada@wes.org](mailto:canada@wes.org) | Web: <http://www.wes.org/ca/>
15. **PLAR Application Fee:** In the amount of \$169.50 (13% HST included). Payable by credit card. The application fee is non-refundable.

**PLEASE NOTE:** If you are unable to provide any of the requested documents, please submit a letter with this application form detailing your inability to provide the requested documentation.

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