

PLAR FORM –

For Non-Accredited Education Applicants

Please **PRINT** all information clearly.

PERSONAL INFORMATION

Salutation:	Legal First Name:	Legal Middle Name:
Legal Last Name:	Previous Legal First Name(s):	
Previous Legal Last Name(s):	Do you have Canadian citizenship, landed immigrant status, or a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes proof required	
Can you speak and write either English and or French with reasonable fluency? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MAILING / CONTACT INFORMATION

Street Address:		City:	
Prov./Terr./State:	Postal Code:	Country:	
Phone Number:		Cell Number:	
Personal Email Address:			

PRACTICE INFORMATION

Are you currently employed and dispensing as an optician in a jurisdiction in Canada (outside of Ontario) or in another Country? Yes No
If yes you must provide a letter from your employer(s). See general instructions below for specific details.

STATISTICAL INFORMATION

Do you have any practical professional experience related to opticianry? (Laboratory hours are not eligible)? Yes No
If yes you must submit a completed [Dispensing Experience & Fittings Form](#)

EDUCATION

Have you completed opticianry education or any education related to opticianry (e.g. optometry) in a jurisdiction outside of Ontario? Yes No
If yes provide the information requested below. Use a separate piece of paper if necessary. You are also required to submit a photocopy of your diploma or degree and official transcript from your educational institution(s).

Level of Education:	Educational Institution:	Program Name:	Province/State/ Territory:	Country:	Date of Graduation: mm/dd/yyyy
1. <input type="text"/>	1.	1.	1.	1.	1.
2. <input type="text"/>	2.	2.	2.	2.	2.
3. <input type="text"/>	3.	3.	3.	3.	3.
4. <input type="text"/>	4.	4.	4.	4.	4.
5. <input type="text"/>	5.	5.	5.	5.	5.

Level of Education
10 Diploma

20 Degree

30 Certificate

40 Post Diploma / Degree Certificate
50 None of the above (*Specify*)

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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: Student Intern Optician

Previous Registration number:

Name previously registered under:

Previous registration date:

REGISTRATION/ LICENSE LOCATIONS

Are 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: Pass 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? Yes No

If not Canadian Citizen, are you a permanent resident of Canada? Yes No

Expiry date: mm/dd/yyyy

If not permanent resident, do you have employment authorization under the Immigration and Refugee Protection Act? Yes 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: <input type="checkbox"/> \$ 169.50 (\$150.00 +HST)	
Method of Payment: <i>(select payment method)</i>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number (16 digits)	Expiry Date (4 digits)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 mailing 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 '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 Ms. Melanie Caione, Manager, Professional Programs, by email at mcaione@coptont.org, or by telephone at 416-368-3616, extension 205. You may also visit our [website](#) for additional information on the application process for Non-Accredited Applicants.

Please submit all documents via mail to:
College of Opticians of Ontario
85 Richmond St. W., Suite 902
Toronto, Ontario M5H 2C9
Do Not Return this Form by Fax

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YOU ARE REQUIRED TO SUBMIT THE FOLLOWING TO THE COLLEGE:

1. **Completed PLAR application form:** For Applicants from a Non-Accredited Opticianry Program;
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 (lab work 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.
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 - 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 | 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.
16. **Written explanation of your inability to provide any documentation requested:** Please submit a letter with this application form detailing your inability to provide any requested documents.

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