



INFORMATION REGARDING PREVIOUS APPLICATIONS FOR REGISTRATION

1. Have you applied for registration as an optician and/or contact lens fitter in any other Province?

Yes_____ No_____

- Which Province(s) (please list)

_____ Province Date

_____ Province Date

_____ Province Date

2. Do you intend to apply for registration as an optician and/or contact lens fitter in any other Province?

- Please name Province _____

3. Have you previously completed a Competency Gap Analysis (“CGA”)?

Yes_____ No_____

- When did you do the Competency Gap Analysis? _____
Date

- Where did you do the Competency Gap Analysis? _____
Province

For the purpose of this application for registration I authorize the College of Opticians of Ontario to obtain my personal information (included but not limited to, CGA results) from any regulator of opticians in Canada and to share the personal information in this application form with any regulators of opticians of Canada.

I authorize any regulator of opticians in Canada to release my personal information to the College of Opticians of Ontario (including, but not limited to, CGA results).

Date

Signature of Applicant