

## Resignation Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

A. Personal Information		
Full Name:		
Registration Number:		
Reason for Resignation (Optional):	Changing Profession	Leaving the Province
	Leaving the Country	No Longer Practising
		Retired
Please include my Reason for Resignation on the Public Register:	Yes	No
I have provided my current contact information to the College (if so, please proceed to Section C)		
	Yes	No

B. Contact Information (if applicable)		
Address:		Unit/Apt Number:
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	Email:

C. Acknowledgement and Declaration	
<p>I hereby declare that I am voluntarily resigning my Certificate of Registration ("Certificate") with the College of Opticians of Ontario (the "College"). I understand that my resignation will be effective the date it is received by the College and my status will be displayed as "Resigned" on the Public Register.</p> <p>By signing and dating this form, I hereby acknowledge that I have read and I understood the <i>Registration Policy - Retiring or Resigning</i> from the College. I acknowledge that once I have resigned my Certificate, I cannot reinstate it. If I choose to return to the practice of opticianry in the future, I must re-apply to the College as a new optician and meet the registration requirements in place at that time, including rewriting the licensing examinations.</p>	
Signature:	Date:

Submit this form by email to [certificate@collegeofopticians.ca](mailto:certificate@collegeofopticians.ca) or by fax to 416-368-2713.