

Student and Intern Reinstatement 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.

Please complete all sections below.

| A. Personal Information | | | |
|-------------------------|--------------|------------|----------------------|
| First Name: | Middle Name: | Last Name: | Registration Number: |
| | | | |

| B. Contact Information | | |
|------------------------|-----------------|------------------|
| Address: | | Unit/Apt Number: |
| | | |
| City: | Province/State: | Postal/Zip Code: |
| | | |
| Phone Number: | Fax Number: | Email: |
| | | |

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

If you are employed in opticianry, enter the details for each location where you are currently employed below. If you are not employed or not in active opticianry practise, you must provide a designated practice address which can be your last place of employment or a P.O. Box. If you are not practising or you are in private practice and designate your home address as your practice address, this will be shared on the public register.

| D. Practise Status | | | |
|---|-------------|--|--|
| What is your current practise status? | | | |
| Employed in opticianry | | Unemployed and not seeking employment in opticianry | |
| Employed, but on leave | | Working outside of the profession and seeking work in opticianry | |
| Reason: | Start Date: | | |
| Unemployed and seeking employment in opticianry | | Working outside of the profession and not seeking work in opticianry | |

| E. Primary Practice Information | | | |
|---------------------------------|-----------------|------------------|--------------|
| Business Name: | | | |
| Address: | | | Unit Number: |
| City: | Province/State: | Postal/Zip Code: | Country: |
| Phone Number: | Fax Number: | Email: | |
| Is this a residential address? | | | Yes No |

| F. Secondary Practice Information | | | |
|-----------------------------------|-----------------|------------------|--------------|
| Business Name: | | | |
| Address: | | | Unit Number: |
| City: | Province/State: | Postal/Zip Code: | Country: |
| Phone Number: | Fax Number: | Email: | |
| Is this a residential address? | | | Yes No |

| G. Tertiary Practice Information | | | |
|----------------------------------|-----------------|------------------|--------------|
| Business Name: | | | |
| Address: | | | Unit Number: |
| City: | Province/State: | Postal/Zip Code: | Country: |
| Phone Number: | Fax Number: | Email: | |
| Is this a residential address? | | | Yes No |

| H. Preferred Work Status | | | |
|---|-----------|-----------|--------|
| What is your preferred work status in the profession of opticianry? | Full-Time | Part-Time | Casual |

| I. Practise Hours/Weeks: | |
|--|--|
| What is the number of weeks (maximum 52) you have spent practising opticianry in the past 12 months across all of your practice sites? | |
| What is the average number of hours (maximum 168) per week you have spent practising opticianry in the past 12 months across all of your practice sites? | |
| What is the average number of on-call hours (maximum 168) per week you have spent practising opticianry in the past 12 months across all of your practice sites? | |

| J. Proportion of Weekly Practice Hours (total should reflect the percentage of time spent across all employers and equal 100%) | |
|--|------|
| What percentage of weekly practice hours do you spend on direct professional services? | |
| What percentage of weekly practice hours do you spend on teaching? | |
| What percentage of weekly practice hours do you spend on research? | |
| What percentage of weekly practice hours do you spend on administration? | |
| What percentage of weekly practice hours do you spend on other activities? | |
| Total | 100% |

| K. Employment Category | | | | | |
|---|--|-----------------------|--|------------------|--|
| Using the number codes below, provide the employment category for each practice setting identified above: | | | | | |
| 01 Permanent | | 02 Temporary/Contract | | 03 Casual | |
| | | | | 04 Self-Employed | |
| Primary | | Secondary | | Tertiary | |

| L. Employment Status | | | | | |
|--|--|--------------|--|----------------------------|--|
| Using the number codes below, provide your employment status for each practice setting identified above: | | | | | |
| 01 Full-Time | | 02 Part-Time | | 03 Casual (no fixed hours) | |
| | | | | | |
| Primary | | Secondary | | Tertiary | |

| M. Position | | | | | |
|---|--|---------------|--|------------------------|--|
| Using the number codes below, provide your position for each practice setting identified above: | | | | | |
| 01 Administrator | | 02 Consultant | | 03 Instructor/Educator | |
| 05 Owner/Operator | | 06 Researcher | | 07 Salesperson | |
| 09 Quality Management | | 10 Other | | 04 Manager | |
| 08 Service Provider (dispensing) | | | | | |
| Primary | | Secondary | | Tertiary | |

| N. Employment Service | | | | | |
|---|--|-----------------------------|--|------------------------------|--|
| Using the number codes below, provide the primary service provided by each practice setting identified above: | | | | | |
| 01 Administration | | 02 Consultation | | 03 General Service Provision | |
| 04 Other Direct Service/Consultation | | 05 Post-Secondary Education | | 06 Quality Management | |
| 07 Research | | 08 Sales | | 09 Other | |
| Primary | | Secondary | | Tertiary | |

| O. Areas of Practise | | | | | |
|--|--|----------------------------------|--|------------------------|--|
| Using the number codes below, provide your areas of practise for each practice setting identified above: | | | | | |
| 01 Artificial Eyes | | 02 Eyeglasses and Contact Lenses | | 03 Contact Lenses Only | |
| 04 Difficult Contact Lens Fittings | | 05 Eyeglasses Only | | 06 Geriatrics | |
| 07 Low Vision Aids | | 08 Mobile Services | | 09 Paediatrics | |
| 10 Refraction (Registered RO's Only) | | 11 Safety Glasses | | 12 Other | |
| Primary | | Secondary | | Tertiary | |
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| P. Patient Age Range | | | | | |
|---|--|------------------------|--|-------------------------------|--|
| Using the number codes below, provide the patient age range for each practice setting identified above: | | | | | |
| 01 Preschool (0 – 4) | | 02 School Age (5 – 17) | | 03 Mixed Paediatrics (0 – 17) | |
| 04 Adults (18 – 64) | | 05 Seniors (65+) | | 06 Mixed Adults (18 – 65+) | |
| 07 All Ages | | 08 Other | | 09 Not Applicable | |
| Primary | | Secondary | | Tertiary | |

| Q. Practice Setting Type | | | | | |
|--|--|-----------|---|----------|--|
| Using the number codes below, provide the type of practice setting for each practice setting identified above: | | | | | |
| 01 Association/Government/Regulatory Organization/Non-Government Organization | | | | | |
| 02 Board of Health/Public Health Lab/Public Health Unit | | | 03 Post-Secondary Educational Institution | | |
| 04 Health Related Business Industry | | | 05 Hospital | | |
| 06 Independent Health Facility | | | 07 Ophthalmologist Office | | |
| 08 Optical Dispensary | | | 09 Optometrist Office | | |
| 10 Other Group Practice Office | | | 11 Other Laboratory Facility | | |
| 12 Patient's Environment | | | 13 Solo Practice Office | | |
| 14 Other Practice Setting | | | | | |
| Primary | | Secondary | | Tertiary | |

| R. Concurrent Registrations | | | | | | | | |
|---|------------------|---------------------|-----------------|--|--|---------------|--|--|
| Are you currently registered with a regulatory authority in another province or country? If yes, complete the information below for each. | | | | | | | | |
| Regulatory Authority | Province/Country | Registration Number | From (dd/mm/yy) | | | To (dd/mm/yy) | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| S. Practise History | | | | | |
|---|--|----------------|--|----------------------|--|
| If you have practised opticianry outside of Ontario, provide the information below for each location. | | | | | |
| Country | | Province/State | | Date Last Practised: | |
| Country | | Province/State | | Date Last Practised: | |
| Country | | Province/State | | Date Last Practised: | |

| T. Enrollment Information | |
|--|--|
| Provide the information below if you are applying to reinstate your Registered Student Optician Certificate of Registration. | |
| Educational Institution: | |
| Program Name: | |
| Enrollment Status: (full-time, part-time, etc.) | |

| U. Opticianry Education | | | | | | |
|---|---------------------------------|-----------------------------|----------------|---------|-------------------------------|--|
| Using the number codes below for the Level of Education section, provide any opticianry education you may have completed since last reporting to the College: | | | | | | |
| 10 Diploma | 20 Certificate | 30 Post Diploma Certificate | 40 Other | | | |
| Level of Education | Name of Educational Institution | Program Name | Province/State | Country | Date of Graduation (mm/dd/yy) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| V. Other Education | | | | | | |
|---|----------------|--|--------------|---|---------|-------------------------------|
| Using the number codes below for the Level of Education and Field of Study sections, provide any non-opticianry education you may have completed since last reporting to the College: | | | | | | |
| Level of Education | | | | | | |
| 01 Diploma | | 02 Baccalaureate | | 03 Master's Degree | | 04 Professional Doctorate |
| 05 Doctorate | | 06 Other | | 07 Entry to Practice Post-Diploma Certificate/Courses | | |
| Field of Study | | | | | | |
| 01 Biological/Biomedical Sciences | | 02 Business/Management/Marketing | | 03 Education | | |
| 04 Engineering | | 05 General Rehabilitation Science | | 06 Gerontology | | |
| 07 Health Administration/Mgmt | | 08 Health Profession/Related Clinical Services | | 09 Kinesiology/Exercise Science | | |
| 10 Law | | 11 Math/Computer Information Sciences | | 12 Medical Laboratory Science | | |
| 13 Physical Sciences | | 14 Public Administration | | 15 Public Health | | |
| 16 Psychology | | 17 Social Sciences/Arts/Humanities | | 18 Other | | |
| Level of Education | Field of Study | Name of Educational Institution | Program Name | Province/State | Country | Date of Graduation (mm/dd/yy) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| W. Citizenship/Immigration Status | | | |
|--|------------------|--------------------|--|
| What is your current citizenship/immigration status? | Canadian Citizen | Permanent Resident | Employment Authorization under the <i>Immigration and Refugee Protection Act</i> |

| X. Declaration of Conduct | | |
|--|-----|----|
| Have you ever been found guilty of an offense related to the regulation of the practice of opticianry that has not been previously reported to the College? | Yes | No |
| Have you ever been found guilty of a criminal offense that has not been previously reported to the College? | Yes | No |
| Has a finding of professional negligence or malpractice, which may or may not relate to your suitability to practice, been made against you that has not been previously reported to the College? | Yes | No |
| Have you ever been refused registration in an opticianry regulatory body that has not been previously reported to the College? | Yes | No |
| Have you ever had a finding 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 that has not been previously reported to the College? | Yes | No |
| Have you ever had a finding 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 another jurisdiction that has not been previously reported to the College? | Yes | No |

| Y. Declaration | |
|--|-------|
| <p>I hereby apply for reinstatement (lifting of suspension) of my Certificate of Registration (Certificate) as a Registered Optician and certify that the statements made by me on this form are complete and correct to the best of my knowledge and belief.</p> <p>I understand that a false or misleading statement or the falsification or tampering of any documentation hereby submitted may result in professional misconduct proceedings being brought against me, may disqualify me from reinstatement of my Certificate, or may be cause for revocation of any registration which may be granted to me.</p> <p>I understand that my reinstatement fees will be processed upon receipt but that this does not imply that my application has been approved. I confirm that any photos I have submitted are a true likeness of me.</p> <p>I understand that, in accordance with article 15 of the College of Opticians of Ontario's By-laws, should I provide my home address as my place of business or as my "designated address", my home address will be made available on the College's public register. Should I feel that this would jeopardize my personal safety, I understand that I need to make a request, in writing, to the Registrar to have this information removed from the public register.</p> <p>I also understand that it is a requirement of the Opticianry Act and its regulations that I notify the College, in writing, of any change in my legal name, home or business information within thirty (30) days of the change.</p> | |
| Signature: | Date: |

Submit this form by email to registration@collegeofopticians.ca or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.

General Instructions

A complete Student and Intern Reinstatement application to the College of Opticians of Ontario includes the following:

- A completed Student and Intern Reinstatement Form;
- A passport-style photograph which provides a clear, coloured image of your head and shoulders against a neutral coloured background.
- A completed Form C – Insurance or Undertaking Form (enclosed);
- Letters of Standing from any regulatory authority listed in section R of the Student and Intern Reinstatement Form. If you are not in good standing with any of the regulatory authorities listed, provide written details;
- A copy of the diploma/degree/certificate/etc. obtained from any educational institutions listed in section T of the Student and Intern Reinstatement Form;
- A copy of the diploma/degree/certificate/etc. obtained from any educational institutions listed in section U of the Student and Intern Reinstatement Form;
- A copy of the diploma/degree/certificate/etc. obtained from any educational institutions listed in section V of the Student and Intern Reinstatement Form;
- A notarized copy of your proof of Canadian citizenship, landed immigrant status or valid work permit as indicated in section W of the Student and Intern Reinstatement Form;
- A notarized copy of your current passport, driver’s license, or birth certificate to verify your legal name. Submission of a secondary piece of legal identification is required if the name on your birth certificate is not your current legal name;
- Written details of any conduct questions you answered “Yes” to in section X of the Student and Intern Reinstatement Form;
- A completed Form D – Credit Card Authorization Form (enclosed) in the current student and intern reinstatement fee amount found on the College’s website. The fee is non-refundable.

If you are unable to provide any of the requested documents, please submit a letter with your application detailing your inability to provide the requested documentation.

For more information about the reinstatement process, please visit the College of Opticians of Ontario website.