

Student & Intern Optician Reinstatement Application Form



SECTION 1- PERSONAL INFORMATION

Registration #:	Salutation:	Legal First Name::
Legal Middle Name		Legal Last Name:
Previous Legal First Name(s):	Previous Legal Last Name(s):	Commonly used First Name: <i>if will use in practise</i>

Home Address		Alternative Home Address	
Address		Address	
City		City	
Prov./Terr./State		Prov./Terr./State	
Postal Code / P.O. Box/Zip Code		Postal Code / P.O. Box/Zip Code	
Country		Country	
Home Phone		Home Phone	
Mobile Phone		Email Fax	
Fax		Fax	

What is your personal email address? (required for receipt of College communication material):

Languages of Service *Provide up to five languages in which you can personally and competently provide opticianry services.*

1.	3.	4.
4.	5.	

Preferred Language of Communication:

Preferred language for services/documentation from the College: English French

Language Fluency

Can you speak and write English and or French with reasonable fluency: Yes No

FOR OFFICE USE ONLY

Payment: <input type="checkbox"/> CC <input type="checkbox"/> MO <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Date Deposited _(mm//dd//yyyy) :	Intital:
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Application for Reinstatement of a Certificate of Registration as a Student or Intern Optician

SECTION 2 – ENROLLMENT INFORMATION

Enrolment Information: Provide the information requested below If you are applying to renew your certificate of registration as a student optician.

Institution enrolled in: <input type="checkbox"/> Seneca College – Toronto <input type="checkbox"/> Georgian College – Barrie <input type="checkbox"/> Northern Alberta Institute of Technology - NAIT <input type="checkbox"/> Not Enrolled (if doing upgrading or tutoring)	Program Enrolled in: <input type="checkbox"/> Both Eyeglasses and Contact Lenses <input type="checkbox"/> Eyeglasses Only <input type="checkbox"/> Contact Lenses Only	<input type="checkbox"/> Bridging Program: <i>For non-accredited education applicants only. Provide course code(s) below.</i> <input type="checkbox"/> Upgrading Program <input type="checkbox"/> Tutoring	Enrollment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Applicable
Bridging Program Course Code(s):		Enrollment date (mm//dd//yyyy):	

SECTION 3 - PRACTICE INFORMATION

If you are employed in opticianry enter the address details for each location where you are employed below. If you are not employed you must supply a designated practice address; this address can be a P.O. Box number. Although, your home address is considered private information, if you are not practising or you are in private practice and designate your home address as your practice address it will be shared on the Public Register.

3a. Practise Status (Please select only one) <input type="checkbox"/> - in Opticianry <input type="checkbox"/> - (Specify reason and date below) <input type="checkbox"/> Unemployed and seeking employment in Opticianry <input type="checkbox"/> Unemployed and not seeking employment in opticianry <input type="checkbox"/> Working outside of the profession and seeking work in Opticianry <input type="checkbox"/> Working outside of the profession and not seeking work in Opticianry Leave Reason : Leave start date (mm//dd//yyyy):	3b. Primary Employment Business Name Address City Prov./Terr./State Postal Code / P.O. Box/Zip Code Country Phone Extension Fax Email Is this a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No
3c. Secondary Employment Business Name Address City Prov./Terr./State Postal Code / P.O. Box/Zip Code Country Phone Extension Fax Email Is this a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No	3d. Tertiary Employment Business Name Address City Prov./Terr./State Postal Code / P.O. Box/Zip Code Country Phone Extension Fax Email Is this a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Reinstatement of a Certificate of Registration as a Student or Intern Optician

SECTION 3 - PRACTICE INFORMATION *continued*

3e. Preferred Work Status

What is your preferred work status in the profession of Optician? Full-Time Part-Time Casual

Only complete sections 3f. -3k. if you have secured employment in Opticianry and will be practising in some capacity once registered. Make one selection for each employment location by writing the corresponding code in the box. [Student and Intern Registration Application Guide](#)

3f) Employment Category

Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment	<input type="text"/> <input type="text"/>
01 Permanent		02 Temporary/Contract		03 Casual	
				04 Self-Employed	

3g) Employment Status

Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment	<input type="text"/> <input type="text"/>
01 Full-time		02 Part-time		03 Casual (no fixed hours)	

3h) Position

Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment	<input type="text"/> <input type="text"/>
01 Administrator		04 Researcher		07 Quality Management Specialist	
02 Manager		05 Salesperson		08 Other (<i>Specify</i>):	
03 Owner/Operator		06 Service Provider			

3i) Employment Service(s)

Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment	<input type="text"/> <input type="text"/>
01 Administration		04 Quality Management		07 Other area not Identified (<i>Specify</i>):	
02 General Service Provision		05 Research			
03 Other Area of Direct Service/ Consultation		06 Sales			

3j) Patient Age Range

Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment	<input type="text"/> <input type="text"/>
01 Preschool age (0-4)		03 Mixed Paediatrics (0-17)		05 Seniors (65+)	
02 School age (5-17)		04 Adults (18-64)		06 Mixed Adults (18-65+)	
				07 All Ages	
				08 Other Patient Age Range	
				09 Not Applicable	

3k) Practice Setting

Primary Employment	<input type="text"/> <input type="text"/>	Secondary Employment	<input type="text"/> <input type="text"/>	Third Employment	<input type="text"/> <input type="text"/>
01 Association/ Government/ Regulatory Organization/ Non- Government Organization		06 Independent Health Facility		10 Other Group Practice Office	
02 Board of Health or Public Health Laboratory or Public Health Unit		07 Ophthalmologist Office		11 Other Laboratory Facility	
03 Post-Secondary Educational Institution		08 Optical Dispensary		12 Patient's Environment	
04 Health Related Business Industry I		09 Optometrist Office		13 Solo Practise Office	
05 Hospital				14 Other Practice Setting not identified	

Application for Reinstatement of a Certificate of Registration as a Student or Intern Optician

SECTION 4 - Concurrent Registration, Recent Practise History / First Practice Location

4a. Concurrent Registration Location - Opticianry

Are you currently or have you ever been registered/ licensed to practise Opticianry in another Jurisdiction outside of Ontario? Yes No

If yes provide information requested below for each registration/licence you hold or have held outside of Ontario as an Optician that has not been previously reported to the College. If no proceed to section 4ai.

Regulatory / Licensing Body	Province/ Territory/ State: Country	Country	Licence/ Registration Number	Expiry Date : mm//dd//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 current or previous registration/ license locations provide details and reason(s) on a separate sheet of paper and submit to the College along with this form.

4ai. Concurrent Registration Location – Other Regulated Profession:

Are you currently or have you ever been registered/ licensed to practise in a regulated profession (other than opticianry) in Ontario or elsewhere? Yes No

If yes provide information requested below for each registration/ license you hold or have held that has not been previously reported to the College . If no proceed to section 4b. Use a separate sheet of paper if required.

Regulatory / Licensing Body	Province/ Territory/ State: <i>If applicable</i>	Country	Licence/ Registration Number	Expiry Date : mm//dd//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 current or previous registration/ license locations provide details and reason(s) on a separate sheet of paper and submit to the College along with this form.

4b. Recent Practise History:

Have you **recently** practised Opticianry outside of Ontario? Yes No

If yes provide the information below on your most recent practise history outside of Ontario as an Optician. If no proceed to section 4c

Country:	Province/ Territory/ State:	Date Last Practised outside of Ontario (mm//dd//yyyy):
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Application for Reinstatement of a Certificate of Registration as a Student or Intern Optician

SECTION 7 - CONDUCT *(You are required to answer all questions. You are not required to report on any information that has been previously reported to the COO)*

7a) Have you ever been found guilty of an offense related to the regulation of the Practise of Opticianry? Yes No

7b) Have you been found guilty of a criminal offense? Yes No

7c) Has a finding of professional negligence or malpractice, which may or may not relate to your suitability to practice, been made against you? Yes No

7d) Have you ever been refused registration in an Opticianry regulatory body? Yes No

7e) Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incompetency, incapacity, or a similar issue in relation to Opticianry in Ontario or another jurisdiction? Yes No

7f) Have you had a finding of, or are you currently facing a proceeding for professional misconduct, incompetency, incapacity or a similar issue in another profession other than opticianry in Ontario or elsewhere? Yes No

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

SECTION 8 - FEE:

Payment Amount: \$213.57 (Includes annual registration fee of \$139.00 + \$18.07 HST, and reinstatement fee of \$50.00 + \$6.50 HST)

Method of Payment: *(select payment method)* Certified Cheque Money Order Visa MasterCard

Credit Card Number (16 digits)

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Expiry Date (4 digits)

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Cardholder's Name:

Cardholder's Signature:

SECTION 9 - AUTHORIZATION 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

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 I fail to provide a business address that my home address will be made publicly 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.

I also understand that it is a requirement of the *Opticianry Act* and it's regulations that I notify the College, in writing, of any change in legal name, home or business information within thirty (30) days of the change.

Signature:

Date: