



# COLLEGE OF OPTICIANS OF ALBERTA

Your Vision, Our Focus

## REGISTRATION PACKAGE

**Incomplete or applications with missing pages will NOT be processed.  
Applications are only accepted by mail or in-person.**

**Mail your complete Registration Application to:**

College of Opticians of Alberta  
201 – 2528 Ellwood Dr NW  
Edmonton, AB T6X 0A9

Email: [coa@opticians.ab.ca](mailto:coa@opticians.ab.ca)  
Website: [www.opticians.ab.ca](http://www.opticians.ab.ca)  
Tel: 780-429-2694  
Toll Free: 1-800-263-6026

For questions relating to Registration:

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Registration ID Number:** \_\_\_\_\_

(For existing registrants – Please do not re-submit Notarized Declaration i.e. Form 1)

**For Office Use Only:**

- New RO - PRAC**
- New RCLP - PRAC**
- New Stud/Provi RO - TEMPPER**
- New RO - NONPRAC**
- New Stud/Provi RCLP - TEMPPER**
- New RCLP - NONPRAC**

**Office Checklist**

Passed NACO Exam	Y	N
Payment	Y	N
2 Photos	Y	N
Form 1	Y	N
Insurance	Y	N
NONPRAC Application	Y	N
NONPRAC Declaration	Y	N

Staple your two (2)  
Passport Photos Here

# CHECKLIST

Use the Checklist Below to help with your application.

Please read the Registration Instructions carefully.

**Supporting Materials:**

**Payment** Yes \_\_\_\_ No \_\_\_\_ \$ \_\_\_\_\_

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**2 Photos** Yes \_\_\_\_ No \_\_\_\_ (First time applicants & every 5 years only)

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**Form 1: Notarized Declaration** Yes \_\_\_\_ No \_\_\_\_ (First time applicants only)

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**Proof of Professional Liability Insurance** Yes \_\_\_\_ No \_\_\_\_ (First time applicants only)

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**Non-Practicing Application and Declaration Available Separately**

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**Non-Practicing Application** Yes \_\_\_\_ No \_\_\_\_ (Non-Practicing applicants only)

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**Non-Practicing Declaration** Yes \_\_\_\_ No \_\_\_\_ (Non-Practicing applicants only)

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**Applications that are missing materials will not be processed.**

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Toll Free: 1-800-263-6026

For questions relating to Registration:

**Notes:**

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# College of Opticians of Alberta

## Registration Application Form

I hereby make application to the College of Opticians of Alberta for membership, and submit the following information. I understand that BEFORE my registration is approved I must show proof of \$1,000,000 (one million dollars) professional or malpractice liability insurance on a per occurrence basis.

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### A. Select a Category

I want to register as a New Practicing Eyeglass Optician, RO - PRAC

I want to register as a New Practicing Contact Lens Practitioner, RCLP - PRAC

I want to register as a New Provisional/Student Eyeglass Optician, TEMPPER

I want to register as a New Provisional/Student Eyeglass Optician, TEMPPER -NONPRA

I want to register as a New Provisional/Student Contact Lens Practitioner, TEMPPER

I want to register as a New Non-Practicing Eyeglass Optician, RO - NONPRAC

I want to register as a New Non-Practicing Contact Lens Practitioner, RCLP - NONPRAC

### B. Personal Information

#### 1. Personal

Surname \_\_\_\_\_ 1st Given Name \_\_\_\_\_

2<sup>nd</sup> Given Name \_\_\_\_\_ 3<sup>rd</sup> Given Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Existing License # \_\_\_\_\_

Country of Birth \_\_\_\_\_ State or Province of Birth \_\_\_\_\_

Social Insurance # \_\_\_\_\_ Gender \_\_\_\_\_

Languages Spoken \_\_\_\_\_ Marital Status \_\_\_\_\_

## 2. Residence Information

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_ Address Line 4 \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code/ZIP \_\_\_\_\_

Telephone – Number \_\_\_\_\_ Fax Telephone - Number \_\_\_\_\_

E-mail \_\_\_\_\_ Address Changed? Yes No Date \_\_\_\_\_

## 3. Employment and Business Information

### Are you currently employed as an optician?

If employed in Alberta please circle and fill out the employment information below.

YES

NO

### Are you currently the owner/operator of an optical practice?

If Yes in Alberta please circle and fill out the employment information below.

YES

NO

Company Name \_\_\_\_\_ Manager \_\_\_\_\_

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_ Address Line 4 \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code/ZIP \_\_\_\_\_

Telephone – Number \_\_\_\_\_ FAX Telephone - Number \_\_\_\_\_

E-mail \_\_\_\_\_ Address Changed? Yes No Date \_\_\_\_\_

**C. Educational Credential Granting Institutions** (Complete for each credential completed and not already registered)

<b>Credential Designation</b> (Circle one)	<b>Diploma</b>	<b>Certificate</b>	<b>Degree</b>
<b>Credential Role</b> (Circle one)	<b>Eyeglass Optician – RO</b>	<b>Contact Lens Practitioner – RCLP</b>	<b>Other</b>
<b>Registration/License No.</b> (For existing registrants)	_____	<b>Year Credential Granted</b>	_____
<b>Credential Granting Institution</b>	_____		
<b>Date of Graduation</b>	_____	<b>Institution Country</b>	_____
<b>Institution Province/State</b>	_____	<b>Institution City</b>	_____

<b>Credential Designation</b> (Circle one)	<b>Diploma</b>	<b>Certificate</b>	<b>Degree</b>
<b>Credential Role</b> (Circle one)	<b>Eyeglass Optician – RO</b>	<b>Contact Lens Practitioner – RCLP</b>	<b>Other</b> (Specify on separate sheet)
<b>Registration/License No.</b> (For existing registrants)	_____	<b>Year Credential Granted</b>	_____
<b>Credential Granting Institution</b>	_____		
<b>Date of Graduation</b>	_____	<b>Institution Country</b>	_____
<b>Institution Province/State</b>	_____	<b>Institution City</b>	_____

**D. Declaration**

I do solemnly swear that I have completed the questions above to the best of my knowledge and believe the completed form hereto affixed is correct and true. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## E. Fees Information

For fees and registration instruction for:

College of Opticians of Alberta

[http://www.opticians.ab.ca/Registration\\_Requirements.aspx](http://www.opticians.ab.ca/Registration_Requirements.aspx)

## F. Fees and Payment Information

Fees:

Category	Fee	GST	Balance
New Eyeglass Optician, RO - PRAC	\$ _____ +	\$ _____	\$ _____
New Contact Lens Practitioner, RCLP - PRAC	\$ _____ +	\$ _____	\$ _____
New Provisional/Student Eyeglass Optician, TEMPPER	\$ _____ +	\$ _____	\$ _____
New Provisional/Student Contact Lens Practitioner, TEMPPER	\$ _____ +	\$ _____	\$ _____
New Non-Practicing Eyeglass Optician, RO - NONPRAC	\$ _____ +	\$ _____	\$ _____
New Non-Practicing Contact Lens Practitioner, RCLP - NONPRAC	\$ _____ +	\$ _____	\$ _____
<b>Total Fee =</b>			<b>\$ _____</b>

### Payment Information:

<b>Date:</b> _____	<b>Total Fee: \$</b> _____	
<b>Registrant Name:</b> _____		
<b>Registration/License Number:</b> (If Applicable) _____	<b>Date Paid:</b> _____	
Check One:		
<b>PAID VIA:</b> VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Cheque <input type="checkbox"/>
	Money Order <input type="checkbox"/>	
<b>Credit Card No:</b> _____	<b>Expiry Date:</b> _____	
<b>Name on Credit Card:</b> _____		
<b>Signature:</b> _____		
<b>Cheques or Money Orders made payable to:</b> College of Opticians of Alberta		
<b>***Do NOT Mail Cash***</b>		

**Form 1: Notarized Declaration**

(First Time Applicants only)

**CANADA PROVINCE OF ALBERTA  
IN THE MATTER OF AN APPLICATION FOR REGISTRATION  
TO THE COLLEGE OF OPTICIANS OF ALBERTA**

TO WIT:

I, \_\_\_\_\_, of \_\_\_\_\_  
(street address)

in the city of \_\_\_\_\_ in the Province of Alberta do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offense that, if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws.
2. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness which would make registration contrary to the public interest.
3. I am a person of good character.
4. My entitlement to practice as an Optician has not been limited restricted or subject to conditions in any jurisdiction at any time.
5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practice as an Optician in that jurisdiction.
6. I will abide by the *Health Professions Act* of Alberta and the regulations and bylaws of the College of Opticians of Alberta in force pursuant thereto, do declare that I will uphold the honour and dignity of the profession and adhere to the *Health Professions Act* of Alberta and the regulations and bylaws of the Colleges of Opticians in force pursuant thereto.
7. I understand that I will be conditionally registered as a (n) \_\_\_\_\_  
(Provisional/Student Optician or Contact Lens Practitioner and/or Optician and/or Contact Lens Practitioner) with the College of Opticians. I undertake not to provide any Opticianry services to or for anyone under the age of 19 without direct supervision of a registrant until my conditional registration is lifted by the College.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at  
the city of \_\_\_\_\_,  
in the Province of Alberta,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

A Commissioner for taking Affidavits in Alberta

\_\_\_\_\_  
Commissioner Name

## College of Opticians of Alberta

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### ACCEPTABLE PROOF OF PROFESSIONAL LIABILITY INSURANCE

Please ensure all three pieces of the following information under “A. Required Information” are included in the liability insurance when submitting to the College.

#### A. Required Information

Regardless of the format of the proof of insurance, the following information **must** be clearly stated:

##### 1. To whom the coverage applies

- The street addresses of all business insured under the policy, the name of the underwriter and the policy number
- The proof of insurance may name individuals, specify the number of individuals covered, or contain words to confirm all employees are covered.
- If individuals are not named in the document, it must be accompanied by a letter from the business owner (or regional manager where appropriate) that confirms the employment of the opticians who are covered.

##### 2. Explicit verification to show insurance liability at least \$1,000,000 per occurrence

- The proof of insurance must show the words “per occurrence” for the coverage.
- The alternative choice, “each claim,” is also acceptable.

##### 3. The expiration date of the current policy

- The expiration date must be clear and include day, month, and year.

#### B. Format of the Insurance Proof

The following are acceptable formats for the proof of insurance:

- **A certificate of insurance issued by the insurance broker (preferred);**
- A letter signed by the insurance broker on company letterhead; or
- The face sheet and declarations page of the insurance policy, provided that all of the requested information is present and clearly stated.

The College **will not** accept the following as proof of insurance:

- Entire insurance policies and references to lengthy policy wordings, definitions, etc
- Certificates of insurance provided through third parties. All certificates must be sent directly from the broker or the registrant. When insurance is purchased through a third party such as an association, the agent/broker of record must supply a list of insured registrants to the College of Opticians of Alberta on a quarterly basis.