

Registration Application



Incomplete or applications with missing pages will NOT be processed
 (Please return all 8 pages)

Mail your complete Registration Application to:

The College of Opticians of British Columbia
 Suite 420 - 2025 West Broadway
 Vancouver, BC V6J 1Z6

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

For questions relating to Registration:

For questions relating to Registration:

Email: reception@coba.ca
 Website: www.cobc.ca
 Tel: 604-278-7510
 Toll Free: 1-888-771-6755

Email: aoa@opticians.ab.ca
 Website: www.opticians.ab.ca
 Tel: 780-429-2694
 Toll Free: 1-800-263-6026

Name: _____

Telephone: _____

Registration ID Number: _____

(For existing registrants – Please do not re-submit notarized declaration i.e. Form 1 or the Criminal Record Search

Staple your two (2)
Passport Photos Here

<u>For Office Use Only:</u>	<u>Office Checklist</u>	
<input type="checkbox"/> New RO - PRAC	Passed NACO Exam	Y N
<input type="checkbox"/> New RCLP - PRAC	Payment	Y N
<input type="checkbox"/> New Stud/Provi RO - TEMPPER	2 Photos	Y N
<input type="checkbox"/> New RO - NONPRAC	Form 1	Y N
<input type="checkbox"/> New Stud/Provi RCLP - TEMPPER	Insurance	Y N
<input type="checkbox"/> New RCLP - NONPRAC	NONPRAC Application	Y N
	NONPRAC Declaration	Y N
	CRS Form	Y N
	CRS Search	Y N

CHECKLIST

Use the Checklist Below to help with your application.
Be sure to read the Registration Instructions carefully.

Supporting Materials:

Payment Yes ____ No ____ \$ _____

2 Photos Yes ____ No ____ (First time applicants & every 5 years only)

Form 1: Notarized Declaration Yes ____ No ____ (First time applicants only)

Proof of Professional Liability Insurance Yes ____ No ____ (First time applicants only)

Criminal Record Search Form Yes ____ No ____ (First time applicants only: 3 pages)

Download Consent Form: <http://www.pssg.gov.bc.ca/criminal-records-review/forms/CCRConsent.pdf>

Download Payment Form: <http://www.pssg.gov.bc.ca/criminal-records-review/forms/CreditCard.pdf>

Non-Practicing Application and Declaration Available Separately

Non-Practicing Application Yes ____ No ____ (Non-Practicing applicants only)

Non-Practicing Declaration Yes ____ No ____ (Non-Practicing applicants only)

Applications that are missing materials will not be processed.

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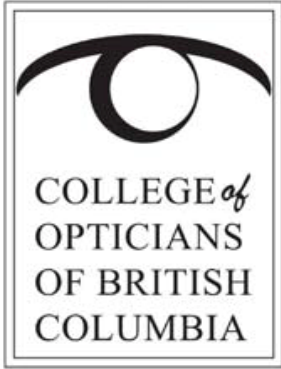
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Notes:



Registration Application Form



I hereby make application to the
College of Opticians of British Columbia
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,
and successfully pass a Criminal Records Search.

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 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 _____

2nd Given Name _____ 3rd 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 – Area Code _____ 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 or British Columbia please circle and fill out the employment information below.

Alberta

British Columbia

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

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

Alberta

British Columbia

Company Name _____ Manager _____

Address Line 1 _____ Address Line 2 _____

Address Line 3 _____ Address Line 4 _____

City _____ Province/State _____

Country _____ Postal Code/ZIP _____

Telephone – Area Code _____ Telephone - Number _____

E-mail _____ Address Changed? Yes No Date _____

4. Preferred Mailing Address

Home

Business

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

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

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

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:

The College of Opticians of British Columbia
http://www.cobc.ca/Resource_Room.aspx

Or

The Alberta Opticians Association
http://www.opticians.ab.ca/Registration_Requirements.aspx

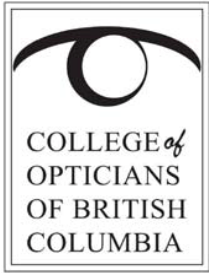
F. Fees and Payment Information

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	\$ _____	+	\$ _____	\$ _____
Total Fee =				\$ _____

Payment Information:

Date: _____	Total Fee: \$ _____
Registrant Name: _____	
Registration/License No: (If Applicable) _____	
Date Paid: _____	
Check One:	
PAID VIA: VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>
Credit Card No: _____	Expiry Date: _____
Name on Credit Card: _____	
Signature: _____	
Cheques or Money Orders made payable to either:	
The College of Opticians of British Columbia	OR
	The College of Opticians of Alberta



Form 1: Notarized Declaration

(First Time Applicants only)



Your Vision, Our Focus

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

THE COLLEGE OF OPTICIANS OF

TO WIT:

I, _____, of _____

(street address)

in the city of _____ in the Province of British Columbia or Alberta do solemnly
declare that: (strike out province NOT applying to)

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 British Columbia or Alberta and the regulations and bylaws of the College of Opticians of British Columbia or 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 British Columbia or 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 pending a satisfactory result of the Criminal Records Search and 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.

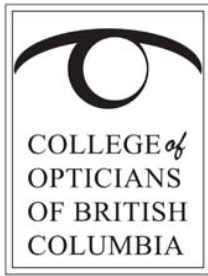
DECLARED before me at

the city of _____,
in the Province of British Columbia/Alberta,
this _____ day of _____ 20____.

Applicant Signature

A Commissioner for taking Affidavits in British
Columbia or Alberta

Commissioner Name



Proof of Insurance Instructions

(First Time Applicants only)

College of Opticians of British Columbia
Or
College of Opticians of Alberta



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 British Columbia or Alberta on a quarterly basis.