Optician Registration Application Guide
The College of Opticians of Ontario (College) would like to welcome you and commend your choice of Opticianry as a career choice. The practice of opticianry as defined in the Opticianry Act 1991 “is the provision, fitting and adjustment of subnormal vision devices, contact lenses or eyeglasses”. Opticianry is a Regulated Health Profession and in order for you to practice as an optician in Ontario you must be registered with the College of Opticians of Ontario (College). Until you have received a Certificate of Registration as a registered optician, you are not a member of the College. It is illegal for you to use the designated title “Registered Optician”, a variation or abbreviation or an equivalent in another language; or dispense eyeglasses, contact lenses or sub-normal vision devices, or supervise or provide direction to any registered student optician or registered intern optician, in Ontario if you are not a registered member of the College. You are also prohibited from holding yourself out as a person who is qualified to practice as an optician.

There are 11 Steps to the Registration Application Process (click on embedded links below for each step)

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**STEP 1 OF 11 GENERAL INFORMATION**

The Optician Registration Application Form is the official application form for individuals applying for registration with the College of Opticians of Ontario (College). This includes recent graduates from Ontario and opticians coming from other jurisdictions within or outside Canada who have been approved to apply for a certificate of registration as a registered optician with the College. Do not complete this form if you are reinstateing a certificate of registration from Ontario that has already been granted to you. You are required to provide all the requested information.

### Legal/ Commonly used Names in Practice

#### Legal Name

The name you indicate will be name that you are registered under with the College. The Public Register your optician ID badge, renewal decal and tax receipt will contain the information you provide here. If you have every changed your legal name you must indicate any previous first or last name you may have had. This information is required as set out in the College Bylaw.

**Note:** You must provide documentation to verify your legal name with the registration application. The College considers a notarized photocopy of your current passport or driver’s license or birth certificate (accompanied by a second piece of identification with your legal name, e.g. Health card) to be sufficient verification of your legal name. These documents must be notarized by a licensed notary public and must contain a seal of approval. Expired documents will not be accepted. This requirement is not applicable to Non Accredited Education Applicants and applicants who currently hold an intern certificate of registration with the College.

#### Commonly Used First Name in Practice

This is the name that you will use in practice. This may or may not be your full legal name. If the name you will use in practice is different than your legal name you must indicate this on the form.

#### Name Changes

Once registered in order to officially change your name with the College you must complete and submit a Document Request Form along with the appropriate payment and supporting documentation (E.g. a photocopy of a marriage certificate or divorce decree) to the College. Document Request Forms can be found at www.coptont.org under the resource room tab. The College will not process any name change requests without supporting documentation.

**Note:** You must order a new photographic identification badge and wall certificate if you are changing your name with the College.

**Date of Birth**

Under the College Bylaw you are required to provide your official date of birth.

**Home Address**

Your home address must be provided to the College. You must also indicate your preferred mailing address. By default all College mailings are sent to your home mailing address. If you prefer to have all College mailings sent to your Primary Employment Address indicate so on the form.

**Personal Email Address for College Communication**

The College is promoting the use of electronic means of communication with members. Access to email and the College’s website is important for annual registration renewal and accessing College documents and information. Please indicate your personal email address for College communications.

**Languages of Service**

If you can practice opticianry in another language other than English, indicate this in the space provided.

**Language Fluency**

Identify your language/reading fluency in either English or French. It is a requirement of registration that you are able to speak and write either English or French with reasonable fluency.

**STEP 2 OF 11 REGISTRATION INFORMATION**

Registration with the College qualifies opticians to use the title “Registered Optician”, and use the designation “RO” in Ontario. Registration indicates to the public that their RO has met entry-to-practice requirements, and meets the College’s standards of practice and quality assurance requirements. In addition, it provides the public with a means of recourse, should they receive opticianry service(s) they feel do not meet professional standards. Choose the registration status and category that describes your situation.

#### 2a) Registration Status

**Current and Active**

This status applies to applicants who hold valid professional liability insurance and submit a Certificate of Being Insured Under a Professional Liability Insurance Policy Form (COBI) with their application. Under the Registration Regulation, all dispensing Opticians in Ontario must have professional liability insurance coverage of not less than $1,000,000. A COBI form is a written confirmation from the applicant affirming that they are insured for the registration year. The COBI is legally binding. This means that should any applicant who has signed this form be found without professional liability insurance coverage at anytime throughout the year, their certificate of registration may be suspended or revoked.
STEP 2 OF 11 REGISTRATION INFORMATION continued

2a) Registration Status continued

Please note that a COBI does not replace professional liability insurance coverage. It is advised that each member retain a copy of their professional liability insurance policy in the case that the College may require proof of being insured. It is the responsibility of each member to either renew or replace their insurance policy prior to its date of expiry. For more information please visit the Evidence of Insurance and Frequently Asked Questions page of our website.

Your Professional Liability Insurance Policy must state the following:

i. name of the insurer,
ii. name of the Optician covered,
iii. Optician’s registration number,
iv. expiry date of the policy,
v. the amount of the policy,
vi. Whether the policy covers professional liability (malpractice) insurance

Current and Inactive

This status applies to applicants who do not hold any liability insurance and submit an undertaking form with their application. If you are currently seeking employment in opticianry or your current employment does not require you to dispense, you are not required to complete the COBI. However you must submit a signed Undertaking form declaring that you will NOT engage in the practice of opticianry, including the dispensing of Eye Glasses, Contact Lenses, and Subnormal Vision Devices; and will NOT supervise or provide direction to any registered student optician or registered intern optician, in Ontario, for the registration year. Please note that a breach of undertaking shall be considered an act of professional misconduct for the purposes of clause 51(1)(C) of the Health Professions Procedural Code.

Should you wish to begin dispensing at anytime during the registration year you must first obtain professional liability insurance coverage and submit a completed COBI to the College. At this time you will also be required to provide the College with an updated employment profile. Your status will then be changed to “current and active”.

2b) Previous Registration

Please indicate, by selecting the appropriate box, whether or not you have previously held a certificate of registration with the College. If you have held a previous certificate of registration with the College you must provide your previous registration date and the class of registration, registration number and name you were previously registered under.

Depending on the class of registration you were previously registered under the College may require you to apply for a reinstatement (lifting of suspension) of your previous certificate of registration. Only Accredited Education Applicants (See definition under registration category) are required to provide this information.

2c) Registration Category

Please indicate, by selecting the appropriate box, the registration category you fall under.

The Registration Categories are as follows:

1. Accredited Education Applicant: Applicants applying from within Ontario who have graduated from an Ontario opticiany educational program approved by the Ministry of Training College and Universities.

2. Nationally Registered Applicant: Applicants who currently hold a certificate of registration as an optician or equivalent certificate in a Canadian jurisdiction where opticianry is a regulated profession, who have gone through an initial inquiry process with the College and have been approved to apply for a certificate of registration as a registered optician.

3. Non Accredited Education Applicants: Applicants educated in Canada or internationally educated applicants who have not graduated from an accredited and recognized program or do not hold a current certificate of registration as an optician in a another Canadian jurisdiction where opticianry is a regulated profession. These applicants are required by the Registration Committee of the College to go through a Prior Learning Assessment & Recognition (PLAR) process; and having completed this program are approved to apply for a certificate of registration as a registered optician.

NOTE:

1. If none of the above categories apply to you do not complete this form and contact the College for further registration instructions.

2. The National Accreditation Committee of Opticianry Regulators (NACOR) issued program accreditation to the Opticianry Programs offered at the following educational institution: Georgian College, Douglas College, Seneca College, Northern Alberta Institute of Technology (NAIT).

STEP 3 OF 11 PRACTICE INFORMATION

The Information requested in this step of the registration process is to assist HealthForceOntario in their health human resource planning, to identify the real and potential workforce and labour force participation rate for opticians. In addition information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the Public Register under the Regulated Health Professions Act (RHPA). Click here for a list of frequently asked questions about the Health Professions Database. Please ensure your employment information is complete and accurate.
### 3a) Practice Status

This represents your overall employment status across all employers. Select the status that represents your current employment situation as it exists today. **Only complete section 3f.-3l. if you have secured employment in opticianry.** It is important to choose the one descriptor that best describes the majority of your work for that employment/ employer/ practice site. If your workload is truly split evenly between 2 responses, it is up to you to decide which one descriptor to choose.

**Secured Employment in Opticianry in Ontario:** You have secured employment in opticianry and will be working as a registered optician in some capacity as an employee or self employed professional or volunteer once registered in Ontario.

**Secured Employment in Opticianry outside of Ontario:** You have secured employment in opticianry and will be working as a registered optician in some capacity as an employee or self employed professional or volunteer once registered in a province or Country outside of Ontario.

**Note:** If you have secured employment in opticianry you must complete section 3 (f – l).

**Unemployed and seeking employment in Opticianry:** Not currently employed but you are seeking employment in opticianry.

**Unemployed and not seeking employment in Opticianry:** Not currently employed and not seeking employment in opticianry.

**Working outside of the profession and seeking work in opticianry:** Currently employed but not in a job related to opticianry but you are actively searching for an opticianry job.

**Working outside of the profession and not seeking work in Opticianry:** Currently employed in a job unrelated to opticianry and you are not actively pursuing a job in opticianry.

**Note:**
1. If you are not currently employed in opticianry only complete section 3 (a – e) do not complete section 3 (f – l).

2. If you will be in a non-clinical or non-traditional opticianry role (e.g. Sales, administration/ management, research, etc.), indicate yourself as “Employed in Opticianry”.

3. If you are not currently employed as a registered optician once you have secured employment in opticianry, full details of your employment profile must be provided to the College. You can update your employment information with the College by completing and submitting an Address Change Form.

### 3b-d) Employer(s) Address(es)

Information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the Public Register under the *Regulated Health Professions Act*, 1991 and College Bylaws. Enter full and complete data for up to 3 employers in the space provided. Ensure that you record the employer name, complete address, phone/fax numbers, etc.

**Designated Employer Address:**
For each employer indicate by answering ‘yes’ or ‘no’ if the address you provided is a residential address.

**Primary Employment:** refers to the employment, with an employer or in a self-employed arrangement that is associated with the highest number of usual weekly hours worked.

**Secondary Employment:** refers to the employment associated with the second highest number of usual weekly hours worked, whether employed or self-employed.

**Third Employment:** refers to the employment associated with the third highest number of usual weekly hours worked, whether employed or self-employed.

**Note:**
1. If you are not currently employed or will be self-employed or working from home once registered you must designate an address as your employment address; this address can be a P.O. Box number with a contact phone number so that the College or a member of the public can be reasonably certain of reaching you.

2. It is your responsibility to provide the College with all employment profile changes that may occur throughout the year, within 30 days of the change. Although your home address is considered private information, if you designate your home address as your employment address, this will be shared on the Public Register.

3. If you are employed by an organization with several offices provide the address of the office that assigns your work.
STEP 3 OF 11 PRACTICE INFORMATION continued

3e) Preferred Work Status

If you had the choice indicate what would be your preferred work status in the profession of opticianry.

3f) Employment Category

Using the codes provided indicate your intended employment category for each applicable employment in the profession.

Note: Only one employment category can be selected per employment.

01 Permanent Employee — Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

02 Temporary/Contract Employee — Status with employer is temporary/contract with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

03 Casual Employee — Status with employer is on an as needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

04 Self-Employed — A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

3g) Employment Status

Using the codes provided indicate your intended employment status for each applicable employment in the profession.

Note: Only one employment status can be selected per employment.

01 Full-time — Official status with employer is full-time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

02 Part-time — Official status with employer is part-time, or usual hours of work are less than 30 hours per week.

03 Casual — Official Status with employer is on an as needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

3h) Position

Using the codes provided indicate the response that best identifies your intended position for each place of employment in the profession.

Note: Only one position can be selected per employment.

01 Administrator — A person whose primary role is involved in administration, planning, organizing and managing.

02 Consultant — Major role is the provision of expert guidance and consultation, without direct patient-care, to a third-party.

03 Instructor/Educator — Major role is as an educator for a particular target group.

04 Manager — Major role is in the management of a particular team/group that delivers services.

05 Owner/Operator — An individual who is the owner of a practice site and who may or may not manage or supervise the operation at that site.

06 Researcher — Major role is in knowledge development and dissemination of research.

07 Salesperson — Major role is in the sales of health related services and products (i.e. not including dispensing)

08 Service Provider — Major role is in the delivery of professional services specific to the profession (i.e. including dispensing)

09 Quality Management Specialist — Major role is the assurance and control of the quality of procedures and/or equipment.

10 Other — Position that is not otherwise identified by definitions above.

3i) Employment Services

Using the codes provided indicate which employment service best represents the intended major focus of activity in which you will provide services for each employment site.

Note: Only one employment service can be selected per employment.

01 Administration — Focus of activities is management or administration.

02 Consultation — Expert consultation is provided on the profession related to medical and/or legal matters.

03 General Service Provision — Services provided primarily to patients across a range of service and/or consultation areas specific to the profession (e.g. dispensing, laboratory work, etc.).
3] Employment Services continued

04 Other Area of Direct Service/Consultation — Other area of direct service/consultation not otherwise identified.

05 Post-Secondary Education — Focus of activities is directed at providing post-secondary teaching to individuals registered in formal education programs.

06 Quality Management — Focus of activities is on the assurance of the operational integrity, based on compliance with staffing, technical and organizational requirements.

07 Research — Focus of activities is in knowledge development and dissemination of research including clinical and non-clinical.

08 Sales — Focus of activities is in the sales and/or service of health related apparatuses or equipment.

09 Other Areas — Other area of employed activity not otherwise mentioned above.

3] Areas of Practice

This refers to the intended client care focus of your opticianry practice. Check all areas in which you will provide direct patient care that apply to each of your current practice location(s).

3k) Patient Age Range

Using the codes provided indicate the intended patient population that you will be working with in the profession. Only select the ‘mixed’ category if your work will be equally distributed across the age ranges.

Note: Only one patient age range can be selected per employment.

01 Preschool age: Preschool age clients that are between the ages of 0 and 4 years, inclusive.

02 School age: School age clients that are between the ages of 5 and 17 years, inclusive.

03 Mixed Pediatrics: A range of clients that are between the ages of 0 and 17 years, inclusive.

04 Adults: Adult clients that are between the ages of 18 and 64 years, inclusive.

05 Seniors: Adult clients that are 65 years of age and older.

06 Mixed Adults: A range of clients that are 18 years and older, including seniors.

07 All Ages: Clients across all age ranges.

08 Other: Direct service is not associated with one main age range of clients.

09 Not Applicable: Will not be providing services to clients

3] Practice Setting

Using the codes provided, indicate your response that best identifies your intended employment setting in the profession (whether you’re an employee or self-employed) at each practice location. This is at the service delivery level. Service delivery level refers to the location where you are directly engaged in your opticianry practice. The definitions of employment types and the corresponding code numbers are described below:

Note: Only one setting can be selected per employment.

01 Association/Government/Regulatory Organization/Non-Government Organization — (e.g. Diabetes Association) - An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

02 Board of Health or Public Health Laboratory or Public Health Unit - A public health laboratory or official health unit that administers health promotion and disease prevention programs to inform the public about healthy life-styles, communicable disease control including education in STDs/AIDS, immunization, food premises inspection, healthy growth and development including parenting education, health education for all age groups and selected screening services.

03 Post-Secondary Educational Institution - A post-secondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of education.

04 Health Related Business Industry - A business or industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development or the selling of health-related products (e.g. medical device companies, pharmaceutical companies).

05 Hospital - A health care facility that offers a range of inpatient and outpatient health care services (e.g. medical, surgical, psychiatry etc.) available to the target population. Includes specialty and complex continuing care hospitals not otherwise classified.

06 Independent Health Facility - Refers to a stand-alone facility or clinic offering specialized or broadly-based imaging services.
STEP 3 OF 11 PRACTICE INFORMATION continued

07 Ophthalmologist’s Office – Branch of medicine which deals with the diseases and surgery of the visual pathways, including the eye, brain, and areas surrounding the eye. Most ophthalmologists work in a private office/clinic, while some work in a community hospital or in an academic health sciences centre. Ophthalmologists see patients in a variety of settings, with their private office/clinic being the main practice setting for three quarters, followed by the academic health sciences centre.

08 Optical Dispensary – The majority of opticians work in a retail environment/retail stores. However, some may work in any variety of settings such as independent or joint practice, hospitals, or eye care centers.

09 Optometrist’s Office – Optometrists practice in a variety of settings. The majority of Optometrists are independent professionals and own their practices. Many are in group practice, where optometrists practice together or with other health professionals to form a health-care team. Optometrists are also employed in health maintenance organizations, academia, research, retail/optical settings, optometric/ophthalmologic professional settings, military/public health settings, interdisciplinary care, and as corporate or industrial consultants.

STEP 4 OF 11 CONCURRENT REGISTRATION, PRACTICE/EMPLOYMENT HISTORY

4a. Concurrent Registration Location

In opticianry
If you are currently or have previously been registered/license to practice opticianry in another province other than Ontario or in another country other than Canada provide all information as requested. If not applicable proceed to Section 4b.

In another regulated profession
This section is related to regulated professions other than opticianry that you may hold (or have held) a registration/license for (e.g. optometry, nursing, etc.). You are required to provide details on all registrations/licenses that you hold or have held.

Note: do not include details of your professional memberships such as the Ontario Opticians Association (OOA) or Opticians Association of Canada (OAC)

4b. Recent Practice History
If you have recently practiced opticianry outside of Ontario provide information on your most recent practice location and the year you last practiced outside of Ontario.

4c. First Practice Location
Only complete this section if you have completed opticianry education in a jurisdiction outside of Ontario and you first practiced opticianry in that jurisdiction.

10 Other Group Practice Office – A community based group (not already noted) professional practice or clinic that is composed of two or more health professionals working together to deliver health services. Patients typically come to the professionals’ location to receive services. Other administrative support staff may also be involved however, the health professionals are the focus of service provision.

11 Other Laboratory Facility – Other laboratory not otherwise identified.

12 Patient’s Environment – The professional travels to one or more sites that may be the patient’s home, school and/or workplace environment to provide services (e.g. Homecare or CCAC contracts).

13 Solo Practice Office – A community-based professional practice/business composed of a single practitioner who delivers health services. Patients typically come to the professional’s location to receive services. Administrative support staff may also be involved however; the health professional is the focus of service provision.

14 Other Practice Setting - A practice setting not listed.

Country of First Practice – Indicate the first country you began practicing opticianry in (only if you completed opticianry education in that country).

Province/Territory or State of First Practice – If you first practiced opticianry in Canada or USA indicate the first province/territory or state you practiced in (only if you completed opticianry education in that province, territory or state).

Date of first Practicing in the Profession – Indicate the date you first began practicing opticianry (only if you completed opticianry education in your first practice location).

First Canadian Province/Territory of Practice – If you first practiced opticianry outside of Canada indicate the first Canadian province or territory you practiced opticianry in. If you have never practiced Opticianry in Canada leave this question blank.

Date of First Practicing the Profession in Canada – If you first practiced opticianry outside of Canada indicate the date you first began practicing opticianry in Canada If you have never practiced Opticianry in Canada leave this question blank.

Note: Your date of first practicing opticianry (i.e. inside or outside of Canada) must be greater than or equal to your registration and graduation date in your first practice location.
**STEP 5 OF 11 EDUCATION**

You must provide all requested information. Incomplete data will not be accepted or included in the College database. **You are required to provide proof for any education you have completed in or outside of opticianry. The College accepts a photocopy of your diploma, degree, or official transcript from educational institution as acceptable proof.**

### 5a. Education in Opticianry

If you have completed opticianry education in a province outside of Ontario or in a country outside of Canada provide the information requested as it relates to all of your opticianry academic credentials. Using the codes provided indicate the level of academic qualification(s) that you have received.

### 5b. Education Outside of Opticianry

If you have completed education in a field other than opticianry provide the information requested as it relates to all of your academic credentials. Using the codes provided indicate the level of academic qualification(s) that you have received and the field of study.

**Level of Education Definitions:**

- **Baccalaureate** – An undergraduate degree conferred by a university or comparable institution.
- **Certificate** – An eyeglass or contact lens certificate conferred by a community college, university or comparable institution (e.g. NAIT - Optical Sciences Contact Lens Certificate ).
- **Diploma** – Diploma or equivalent conferred by a community college, university or comparable institution.
- **Doctorate** – A post-graduate level university degree.
- **Entry to Practice Post Diploma Certificate/Courses** – A university level certificate or collection of university level courses obtained after completion of (at minimum) an undergraduate degree. This certificate/these courses is/are a mandatory entry to practice requirement into the profession. Continuing education certificates and courses are not included within this definition.
- **Master** – A graduate level university degree.
- **Post Diploma Certificate** – Certificate obtained after completion of (at minimum) a diploma in opticianry (e.g. Refraction Certificate)
- **Professional Doctorate** – A first professional degree conferred by a university or comparable institution.
- **None of the Above** – Level of education completed that is not listed.

**Field of Study Definitions and Codes:**

- **01 Biological and Biomedical Sciences** – Comprises of any instructional programs that focus on the biological sciences and the non-clinical biomedical sciences, and that prepare individuals for research and professional careers as biologists and biomedical scientists.
- **02 Business, Management, Marketing and Related** – Comprises of any instructional programs that prepare individuals to perform managerial, technical support, and applied research functions related to the operation of commercial and non-profit enterprises and the buying and selling of goods and services.
- **03 Education** – Comprises of any instructional programs that focus on the theory and practice of learning and teaching, and related research, administrative and support services.
- **04 Engineering** – Comprises of any instructional programs that prepare individuals to apply mathematical and scientific principles to the solution of practical problems.
- **05 General Rehabilitation Science** – Comprises of any program that includes a systematic study of the physical and psychosocial dimensions of human function throughout the lifespan of individuals with impairments, disabilities and/or handicaps.
- **06 Gerontology** – Comprises of any program that focuses on the human aging process and aged human populations, using the knowledge and methodologies of the social sciences, psychology and the biological and health sciences.
- **07 Health Administration/Management** – Comprises of any program that prepares individuals to develop, plan, and manage health care operations and services within health care facilities and across health care systems.
- **08 Health Professions and Related Clinical Sciences** – Comprises of any instructional programs that prepare individuals to practice as licensed professionals and assistants in the health care professions and focus on the study of related clinical sciences.
- **09 Kinesiology and Exercise Science** – Comprises of any scientific program that focuses on the anatomy, physiology, biochemistry and biophysics of human movement, and applications to exercise and therapeutic rehabilitation.
- **10 Law** – Comprises of any instructional programs that prepare individuals for the legal profession, for related support professions and professional legal research, and focus on the study of legal issues in non-professional programs.
- **11 Mathematics, Computer Information Sciences** – Comprises of any general program that focuses on the analysis of quantities, forms and their relationships, using symbolic logic and language or any general program that focuses on computing, computer science and information science and systems as part of a broad and/or interdisciplinary program.
**STEP 5 OF 11 EDUCATION continued**

**Field of Study Definitions and Codes continued:**

12 Medical Laboratory Science – Comprises of any program that prepares individuals to conduct and supervise complex medical tests, clinical trials and research experiments; manage clinical laboratories; and consult with physicians and clinical researchers on diagnoses, disease causation and spread, and research outcomes.

13 Physical Sciences – Comprises of any instructional programs that focus on the scientific study of inanimate objects, processes of matter and energy, and associated phenomena.

14 Public Administration – Comprises of instructional programs that prepare individuals to analyze, manage and deliver public programs and services.

15 Public Health – Comprises of any program that generally prepares individuals to plan, manage and evaluate public health care services and to function as public health officers.

**STEP 6 OF 11 CITIZENSHIP/ IMMIGRATION STATUS**

For each question indicate by answering ‘yes’ or ‘no,’ your current citizenship or permanent resident or landed immigrant status. You must answer all questions even if the answer is no.

You are required to submit documentation to verify your Canadian citizenship, permanent resident or employment authorization under the Immigration and Refugee Protection Act. The College will accept a notarized photocopy of your current work permit or Canadian passport or permanent resident card as acceptable proof.

**STEP 7 OF 11 CONDUCT**

Opticians are required by legislation to inform the College if they have been found guilty of any criminal offence(s) or have been the subject of disciplinary or incapacity proceedings from other governing bodies. This self-reporting requirement protects the public interest by informing the College of findings that may affect an optician’s suitability to practice.

The reporting of offences, findings of guilt and proceedings that occur before and after your initial registration with the College is a non exemptible requirement. All questions in this section must be answered and full details provided at the time of registration and throughout your membership with the College if applicable. Failure to provide this information could be considered professional misconduct. Only answer ‘Yes’ if any of the following statements apply to your situation:

- You have been found guilty of a criminal offence related to opticianry.
- You have been found guilty of a criminal offence, even if you have been pardoned, or were conditionally or absolutely discharged.

16 Psychology – Comprises of any instructional programs that focus on the scientific study of the behaviour of individuals, independently or collectively, and the physical and environmental bases of mental, emotional and neurological activity.

17 Social Sciences, Arts and Humanities – Comprises of any instructional programs that focus on the systematic study of social systems, social institutions, and social behaviour or independent or individualized studies in the liberal arts subjects, the humanities disciplines, literature, history and the general curriculum.

18 Other Field of Study – Any program that does not fit a description above.

**Note:**

1. If at any time during the registration year your Canadian citizenship or immigration status changes (i.e. your Canadian citizenship has been revoked or your permanent residency or work permit expires) you must notify the College immediately.

2. All photocopies of documents must be notarized by a licensed notary public and must contain a seal of approval. Expired documents will not be accepted.

- You have been found guilty of any offences under federal statutes and/or any provincial offences.
- There has been a finding of professional misconduct, incompetence or incapacity against you in relation to the opticianry profession outside of Ontario or by any other health profession, whether in Ontario or in any other jurisdiction.

For your reference:

1. **An “offence”** is a breach of law that is prosecuted in a court. An offence can be criminal in nature (e.g. a breach of the Criminal Code), or contrary to another federal statute (e.g. Controlled Drugs and Substances Act).

- Breaches of a provincial statute prosecuted in court can also be an offence (e.g. Child and Family Services Act, Health Protection and Promotion Act, Health Care Consent Act).
STEP 7 OF 11 CONDUCT continued

- An offence that is work related or that involves dishonesty or a breach of trust must be reported (e.g. assault of a patient, sexual abuse of a child).
- You must report any criminal offence even if does not relate to the practice of the profession.

2. A “finding” occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (e.g. before a Discipline Committee or Fitness to Practise Committee).

3. Offences “related to the practice of opticianry” means that it has some relevance to your practice of opticianry or your suitability to practice the profession.

4. You are currently “facing a proceeding” if you have been notified that there will be a hearing held in respect to allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).

5. You do not have to mention that a complaint has been made against you or that you are under investigation unless a decision has been made to hold a disciplinary or other hearing; in which case you are then “facing a proceeding”.

5. Being “found guilty” means that a court has found that you committed the offence. You can be found guilty of an offence but not be convicted of it if you are given a discharge. Even if you were not convicted, you must report any finding of guilt.

- If in doubt, it is safer to report a finding of guilt than to risk failing to make a required report.
- Just because a report has been made does not mean that the College will take action—it will look at all of the circumstance.

STEP 8 OF 11 FEES

Ensure that you have provided complete and accurate information to avoid payment of an administrative fee. In order to process your application for registration the College must receive both the optician registration fee and application fee. Please refer to the Fees Schedule for a listing of all College Fees.

Application Fee

A mandatory application fee is applied to all registration application forms and must be submitted at the time of your application to the College.

Registration Fee

The registration fee is a requirement of registration. The College registration year is from January 1st to December 31st of each calendar year. The optician registration fee is pro-rated and varies depending on the time of year you are applying. You are not required to provide the registration fee at the time your application is submitted. However, at the time of registration you must meet this requirement.

An optician certificate of registration requires annual renewal with fees payable by December 31st of each calendar year as set out by the Regulation. If you are applying between October 15th and December 15th please indicate what registration year you would like your fees applied to on the Application Processing Declaration Form which is provided to all applicants applying between this period. You may also download the form on the College website from the Resource Room. If you do not specify the registration year, the College will automatically apply your fees to the current one and you will need to renew your license for the following registration year by December 31st (which includes paying the renewal fee).

Note: Applications received after December 15th of any calendar year will not be processed until the following New Year.

Payment Options

All fees are payable in Canadian funds and are subject to applicable taxes. Fees will be processed upon confirmation that all registration requirements have been met. Payment can be made by any one of the following:

2. Money Order – Made payable to The College of Opticians of Ontario
3. Credit Card (Visa or MasterCard only) – The College cannot accept credit card payments over the phone. If you are paying by credit card ensure that you or the cardholder has:
   a. Clearly printed the credit card number and expiry date.
   b. Printed the name as it appears on the credit card.
   c. Signed the form for approval to process. Your payment will not be processed without a signature.

Note: The College does not accept cash payments.

Administrative/ NSF Fees

Administrative/ NSF Fee – A $45.20 administration charge will be levied for any declined credit card transaction or cheque returned NSF. Additionally, a $28.25 administrative fee will be levied for any transaction that cannot be processed due to incomplete / incorrect information provided.

Note: All fees include 13% HST.

Refund Policy

All fees are non refundable.
STEP 9 OF 11 AUTHORIZATION AND DECLARATION

Your registration form will not be accepted unless you complete this section. Make sure you have a witness sign the form. The witness can be anyone who knows you, for example, a spouse or a colleague. The witness may be called upon to verify your signature on the form only and is not entitled to read the information contained in the application. Note that the statement indicates that all information contained on the form is true. False or misleading statements brought to the attention of the College may disqualify an applicant for registration or may be cause for revocation of any certificate of registration which has been granted.

STEP 10 OF 11 REFERENCES

All applicants with the exception of those who have gone through the PLAR process with the College are required to provide three (3) professional references. Professional references can include managers, colleagues, clients, business contacts, and others (with the exception of relatives) who have known you for at least one year and can attest to your skills, qualifications, and abilities. Before submitting any person’s name as a reference to the College you must ensure that you first receive their approval.

STEP 11 OF 11 GENERAL INSTRUCTIONS

To lessen delays in the processing of your application please ensure that you have completed all sections of the registration form. A checklist has been provided below to assist you with the requirements and documentation that must be submitted to process your application. You can submit outstanding documentation as it becomes available. However, in order for your application to be approved, all registration requirements must be met. Before mailing your registration form to the College please review the information listed below to ensure all information is correct and complete. The College will not accept a faxed copy of the registration form.

Contact Information

If you have any questions regarding your registration application or its processing, contact Registration at 416-368-3616, ext 209 or (800) 990-9793. You may also contact us by e-mail at registration@coptont.org.

Incomplete Forms

Incomplete registration forms will be returned and you may incur an administrative fee if you have not fully and correctly completed the requested information in Sections 1 - 10

Application Processing Times

The processing of your application takes a maximum of 6-8 weeks from receipt of your application form and all other required registration documents (see the registration checklist below). Upon meeting all the registration requirements the College will mail to your home address on file:

- A confirmation letter of your registration with us
- Your official income tax receipt
- Your photographic identification badge (must be worn at all times while dispensing)

Note: Your wall certificate will be mailed under separate cover, 6-8 weeks from the date of your registration.

Retention of Legal and Verifying Documents

The College may from time to time request applicants or existing members to submit legal or verifying documents. These requests may be made at the time of application for registration, reinstatement or renewal or between renewal periods if there is a change in status or other circumstances that requires the submission of such documents (e.g. if a member changes his or her legal name in the middle of the year, he or she will be required to submit proof of the name change). Please review our policy on the Retention of Legal and Verifying Documents for further details.

Translation of Documents

Any document requested by the College must be submitted in English. If your documents (e.g. documentation to verify legal name such as a birth certificate) are in a language other than English, you will need to have them translated prior to submission to the College.

Verification of Dispensing Experience

It is a non exemptible registration requirement that applicants applying for a certificate of registration as a registered optician from an accredited or non-accredited education program submit a completed Verification of Dispensing Experience Form as proof of having completed 1000 hours of verified dispensing experience. If you have not already done so please submit the completed form to the College along with your application for registration.

Note:

Dispensing experience completed in Canada: Must be supported by the submission of a Verification of Dispensing Experience Form, signed by a supervising optician, optometrist or ophthalmologist who was currently registered with the Regulatory Authority of their profession and physically present in the place in which and at the time the dispensing occurred.
STEP 11 OF 11 GENERAL INSTRUCTIONS continued

Verification of Dispensing Experience continued

Dispensing experience completed outside of Canada: The College will only accept dispensing experience from Non-Accredited education applicants who are applying from a country outside of Canada and were practicing as an optician in that country. If the dispensing experience was not supported by a supervising optician you are required to provide a solemn declaration before a notary public or commissioner for oaths that you have completed the provided hours. The dispensing experience must be supported by submission of a Verification of Dispensing Experience Form signed by you and notary public or commissioner for oaths.

Registration Checklist

☐ Registration form: duly completed, witnessed, signed and dated (Sections 8 & 9). Your registration application will not be accepted if it is not signed.

☐ Mandatory application and registration fee: By cheque, money order or certified cheque (payable to the College of Opticians of Ontario) OR Completed VISA/MASTERCARD information as required, with your form. Cash payments are not accepted.

☐ Verification of dispensing experience form: required of Accredited and Non-Accredited Applicants only

☐ Completed COBI (Certificate of Being Insured (Under a Professional Liability Policy) Form

☐ A completed Undertaking Form (If you are not dispensing or do not have Professional Liability Insurance coverage

☐ 2 identical passport-sized colour photographs: Signed by you on the reverse

☐ Professional References: Not applicable to applicants who have gone through the PLAR process at the College

☐ Documentation to verify legal name: You are required to submit a notarized photocopy of your current passport or driver’s license or birth certificate (a copy of your birth certificate must be accompanied by a second piece of identification with your legal name, e.g. health card). This requirement is not applicable to Non Accredited Education Applicants and applicants who currently hold an intern certificate of registration with the College

☐ Documentation to verify Canadian Citizenship/ Immigration Status: If you are a Canadian Citizen a notarized photocopy of your current Canadian passport is required. If you are not a Canadian citizen evidence of permanent residency, or employment authorization under the Immigration and Refugee Protection Act is required (i.e. a notarized photocopy of your current work permit or permanent resident card). This requirement is not applicable to Non-Accredited Education Applicants who have previously submitted a notarized photocopy of their Canadian passport as proof of legal name to the College and applicants who currently hold an intern certificate of registration with the College.

Note: Submission of a current Canadian passport is sufficient documentation to verify both legal name and Canadian citizenship.

☐ Completed Application Processing Declaration Form: For applicants who are applying between October 15th and December 15th of any calendar year.

☐ Proof of education completed inside or outside of opticianry.

Other Important Documentation

The following documents are available for download on the College website under the Resource Room tab. It is highly recommended that you review them as they contain very important information regarding your membership with the College.

- By-Laws and Standards of Practice
- Entry to Practice Competencies
- Regulated Health Professions Act, 1991 and the Regulations under the Act
- Opticianry Act, 1991 and the Regulations under the Act
- Policies