



Non-Accredited Education Form

Opticianry is the field of Dispensing Opticianry or an equivalent field.

I am applying to become an : Eyeglass Dispenser Eyeglass Dispenser & Contact Lens Fitter

Given Name: _____ Home Address: _____

Surname: _____

Currently living in Canada? Yes No

Contact Phone: _____ Email Address: _____

School and Country of Opticianry Education: _____

Graduation date: _____ Country where you last practiced : _____

Number of years of practice, since graduation (include summary of employment history):

_____ years, I have attached a separate summary of my employment history since graduation.

Is your field a regulated profession where you last practiced? Yes No

If yes, what is the name and address of the Regulatory Agency?

Agency Name: _____

Agency Address: _____

Are you currently working in the field of Opticianry? Yes No

If no, what is the number of years since you practiced in the field of Opticianry? _____

Can you obtain a Letter of Good Standing from your regulatory body? Yes No

If no, please explain: _____

Submit the following documents to have your education evaluated:

Documents to submit directly to the International Credential Evaluation Service (ICES): www.bcit.ca/ices

Request to ICES for a Comprehensive Report: ICES will send the results directly to the COBC.

Transcripts and Certificate of Completion: From your school of Opticianry Education to ICES.

Submit these additional documents to have both your education and examination evaluated:

Documents to submit directly to the College of Opticians of British Columbia: www.cobc.ca

Letter of Good Standing: From the regulatory body in the jurisdiction you last practiced to the COBC.

Opticianry Education Curriculum/Syllabus (required) and Examination Curriculum/Syllabus (if applicable).

Applicant's Signature: _____ Date: _____