



APPLICATION FOR NON-PRACTICING STATUS

Name of Registrant: _____

Registration Number: _____

Starting date of non-practicing status: Update Notice (currently registered as non-practicing)
 New Application: _____
(mm/dd/yyyy)

**I am requesting to renew/change my registration status to non-practicing due to the following reason:
(select one only)**

- I reside and work outside of the province of British Columbia.
- I am unemployed in the optical industry.
- I am a student and do not work.
- I am on leave of absence. Please specify: _____
(e.g. maternity leave / stress leave)
- I am currently work as a(n) _____
(title of your job)

Please provide a brief work description.

Please circle the correct answer of the following questions regarding the work you stated above.

My work requires me to perform dispensing work. Yes No

My coworkers perform dispensing work. Yes No

Dispensing work is being done at my place of employment. Yes No

Other: _____
(please write on a separate page if necessary)

I understand that in addition to this application letter, I will be required to make a non-practicing declaration before a witness, and that to return to practicing after maintaining more than 3 consecutive years of non-practicing registration, I must explain why I maintained over 3 years of non-practicing registration and obtain the approval of the registration committee to comply with any of the protocols, or re-write and pass the entry exam.

Signature of Registrant: _____

Date: _____



NON-PRACTICING STATUS DECLARATION

Canada, Province of British Columbia,
in the Matter of an Application for Non-Practicing Registration
with the College of Opticians of British Columbia

To Wit:

I, _____ (Registrant Name), of _____
(Address), in the City of _____, in the Province of _____,

Declare That:

1. I am not involved in any activities pertaining to the scope of practice for a Dispensing Optician or a Contact Lens Fitter Dispensing Optician, as described in Section 4 of the *Opticians Regulation*;
2. I acknowledge and agree that I will need to change my status from Non-Practicing to Practicing before I can perform any of the duties mentioned in the regulations of the College; and
3. I make this Declaration, conscientiously believing it to be true and agree that it shall have the same force and effect as if made under oath.

Registrant Signature

Date Signed

Witness Declaration:

By signing below, I attest to witnessing the signing of this document by the person above who is personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness Signature

Date Signed

Printed Name of Witness

Occupation of Witness

Address of Witness

Phone Number of Witness