



COLLEGE *of* OPTICIANS  
OF BRITISH COLUMBIA  
a B.C. Health Regulator

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# COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

## Form 1: Notarized Declaration (First Time Applicants only)

CANADA PROVINCE OF BRITISH COLUMBIA  
 IN THE MATTER OF AN APPLICATION FOR REGISTRATION  
 IN THE COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

TO WIT:

I, \_\_\_\_\_, of \_\_\_\_\_  
 (street address) in the city of \_\_\_\_\_ in the Province of British Columbia 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, having read the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Opticians of British Columbia 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 and the regulations and bylaws of the College of Opticians in force pursuant thereto.
7. I understand that I will be conditionally registered as a(n) \_\_\_\_\_  
 (Student Contact Lens Fitter and/or Optician and/or Contact Lens Fitter) with the College of Opticians of BC 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, )  
 this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_. )  
 \_\_\_\_\_ )

**A Commissioner for taking Affidavits in British Columbia**

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

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

# COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

## Proof of Insurance Instructions (First Time Applicants only)

### 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 BC on a quarterly basis.



# Consent to a CRIMINAL RECORD CHECK

**IMPORTANT:** Please read information and instructions on Page 2. Ensure payment is included with form.

Schedule Type\*:  A  B  C  D  E  F

## PART 1 – APPLICANT INFORMATION – To be completed by all schedule types.

Last Name: \_\_\_\_\_ Full First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (yyyy/mm/dd) Gender:  Male  Female Birth Place: \_\_\_\_\_ (City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ BC Driver Licence # : \_\_\_\_\_

## PART 2 – ORGANIZATION INFORMATION – To be completed by all, except Schedule F.

### Section A

Please complete this section if you have an ID number from Criminal Records Review Program

Organization Name: \_\_\_\_\_  
*Company / Ministry / Childcare Resource Referral Program (CCRRP) / Health Authority / Governing Body / Education Institution / Office of Independent Schools*

ID Number (provided by the Criminal Records Review Office): \_\_\_\_\_

If you are unable to provide an ID Number please complete Section B.

### Section B

Organization Name: \_\_\_\_\_ Name of Subcontractor (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Applicant's Employment Position / Job Title (if applicable): \_\_\_\_\_

Contact / Licensing Officer Name (if applicable): \_\_\_\_\_

Governing Body Licence or Registration # (if applicable): \_\_\_\_\_

## PART 3 – Complete for Schedule D Only

Child Care Facility Name: \_\_\_\_\_

## CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Parent or Guardian Signature for Applicant Under 19 Years of Age

Date Signed



# Consent to a Criminal Record Check (Schedule A, B, C, D, E or F)

## INFORMATION and INSTRUCTIONS

Page 1 is set up with 'form fields' so you may complete it at your computer then print the number of copies required. You may also complete the form by hand, but please print clearly using dark ink. Processing delays will result if form is submitted incomplete, incorrect or if information cannot be read clearly. For information contact the Criminal Records Review Program at (250) 387-6981 or toll-free 1-800-663-7867.

### SCHEDULE TYPES

**Schedule A:** use if the employee is working with children and does not qualify under any of the following schedules within the scope of the Criminal Records Review Act. The employer retains the original signed consent form.

**Schedule B:** use if the individual is a) a member or an applicant for membership to a governing body or b) is applying for or has certification or a letter of permission under the Independent School Act or c) is a registered student with an education institution with a practicum component involving work with children which leads to certification by a governing body. See website [www.pssg.gov.bc.ca/criminal-records-review/act/who.htm](http://www.pssg.gov.bc.ca/criminal-records-review/act/who.htm) for a complete list of Governing Bodies covered under the Criminal Records Review Act. The governing body, office of independent schools or the education institution retains the original signed consent form.

**Schedule C:** use if the individual is a volunteer, a resident aged 12 or older, or is an owner/operator of a licence-not-required child care facility. Use the Application to Waive Fees if the individual is a resident 12-18 years (inclusive) at a licence-not-required child care facility. The CCRRP retains the original signed consent form.

**Schedule D:** use if the individual is an owner/operator applying for a child care facility licence, or a resident age 12 or older at a licensed child care facility. The local health authority retains the original signed consent form.

**Schedule E:** use if the individual is an employee or a volunteer at a licensed child care facility. The employer retains the original signed consent form.

**Schedule F:** use if the individual is a student (ECE college level or high school) on work placement at a child care facility, or a child care substitute applying for registration on the Short-term Registry. (Use the Application to Waive Fees only if the individual is a B.C. high school student enrolled at a B.C. high school on a school-arranged voluntary work placement/work experience in a child care facility.) The individual retains the original signed consent form.

### CHECKLIST for Applicant

- I understand which schedule type pertains to me.
- At the top of page one of the consent form, I have checked off which Schedule Type (A,B,C,D,E or F) I am submitting for a Criminal Record Check.
- I have completed all the applicable sections clearly and legibly.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA) — (outlined below).
- I have signed and dated the Consent for Criminal Record Check form.
- Payment: **I have provided the \$20 processing fee (non-refundable) by:**
  - 1) Visa or MasterCard – and have completed the Credit Card Usage Form ([www.pssg.gov.bc.ca/criminal-records-review/forms/CreditCard.pdf](http://www.pssg.gov.bc.ca/criminal-records-review/forms/CreditCard.pdf))
  - 2) Certified cheque or money order made payable to the Minister of Finance; or
  - 3) I have not included the \$20 payment but have completed and attached an Application for Fee Waiver ([www.pssg.gov.bc.ca/criminal-records-review/forms/FeeWaiver.pdf](http://www.pssg.gov.bc.ca/criminal-records-review/forms/FeeWaiver.pdf) - see information on the website to determine eligibility for a fee waiver).
- I understand that my employer or organization will retain the originals of the forms I have completed and will forward a copy with the processing fee to the Criminal Records Review Program on my behalf unless I am a Schedule F then I am to retain the original signed consent form.

### CHECKLIST for Organization (Company/Ministry/CCRRP/Health Authority/Governing Body/Education Institution/ Office of Independent Schools)

- The employee/applicant will provide you with the original, completed and signed consent form and applicable attachments.
- Retain the original form(s).
- Forward a copy of the form(s), along with payment, to the Criminal Records Review Program by either method below:
  - 1) **MAIL** : Criminal Records Review, Ministry of Public Safety and Solicitor General, PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
  - 2) if the fee is being paid by credit card, you have the option to **FAX** the credit card authorization form with the completed form to: 250 356-1889.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act;
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children;
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

Page 2 of 2

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA):** The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.



# Criminal Records Review Program Application for Pre-Authorized CREDIT CARD USAGE

To be completed if paying by credit card.

**Directions:** You may complete the form fields at your computer, print, then sign and date *OR* print the form out and complete using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. **Credit card information should not be e-mailed.** Mail or fax this form to the Criminal Records Review Program (address below).

## PART A – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (**check one**):

Payment Type:  Visa  Mastercard

- I hereby authorize to deduct \$20.00 for each applicant listed in Part B — \$ \_\_\_\_\_ (total payment authorized).
- I wish to establish a drawdown account.
- I wish to replenish an existing drawdown account.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
(Month / Year)

Print Cardholder's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year / Month / Day)

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Organization: \_\_\_\_\_

## PART B – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Surname	First Given Name	Middle Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PART C – FOR SECURITY PROGRAMS USE ONLY:

Invoice # \_\_\_\_\_ Trans # or Approval # \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

PSSG 08-000 01/2010

Making British Columbia  
a Safer Place for Children



**Ministry of Public Safety  
and Solicitor General**  
Policing and Community Safety Branch  
Security Programs  
Criminal Records Review Program

**Mailing Address:**  
P.O. Box 9217 STN PROV GOVT  
Victoria, BC V8W 9J1  
**Fax:** (250) 356-1889

**Courier Address:**  
4000 Seymour Place  
Victoria, BC V8X 1W5