



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

Staple your two (2)
Passport Photos Here

Registration Package

Incomplete or applications with missing pages will not be processed. Applications are only accepted by mail or in-person.

Name: _____

Telephone Number: _____

Registration Number: _____

(Only existing registrants will have a registration number. If you are an existing registrant, please do not re-submit photos, Form 1: Solemn Declaration or the Criminal Record Search.)

For questions relating to Registration:

Email: reception@cobc.ca
Website: www.cobc.ca
Tel: 604.278.7510
Toll Free: 1.888.771.6755

Mail your complete Registration Package to:

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

For Office Use Only:

OFFICE CHECKLIST

NEW SCL

Passed NACOR Exam Y N

NEW DISP

Payment Y N

NEW NPDISP

2 Photos Y N

NEW CL

Form 1 Y N

NEW NPCL

Insurance Y N

NP Application Y N

NP Declaration Y N

CRS Form Y N

CRS Results Y N

Date Stamp:

CHECKLIST

Use the Checklist Below to help with your application.

Please read the Registration Instructions carefully.

Supporting Materials Enclosed:

| | | | |
|------------------------------------|-----------|----------|---------------------------------------|
| Payment | Yes _____ | No _____ | \$ _____ |
| 2 Photos | Yes _____ | No _____ | (First time applicants only) |
| Form 1: Solemn Declaration | Yes _____ | No _____ | (First time applicants only) |
| Proof of Insurance | Yes _____ | No _____ | (First time applicants only) |
| Criminal Record Search Form | Yes _____ | No _____ | (First time applicants only: 3 pages) |
| 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.

Mail completed applications to: College of Opticians of British Columbia
Suite 420 - 2025 West Broadway
Vancouver, BC V6J 1Z6

NOTES:

REGISTRATION INSTRUCTIONS

THIS REGISTRATION PACKAGE INCLUDES:

- (1) Registration Application Form (pages 5-7)
- (2) Form 1: Solemn Declaration (page 8)
- (3) Proof of Insurance instructions (page 9)
- (4) Criminal Record Search authorization form (separate attachment, 3 pages)
- (5) Non-Practicing Application (page 10)
- (6) Non-Practicing Declaration (page 11)

SELECT YOUR REGISTRATION CATEGORY: CHOOSE FROM CATEGORIES 1, 2, 3 OR 4.

1 - New Student Contact Lens Fitter _____

You **must** apply to become a **New Student Contact Lens Fitter**

2 - New Dispensing Optician _____

You may apply to become a **New Dispensing Optician** upon successfully completing the NACOR Optical Sciences 1- Eye-glass Examination.

3 - New Contact Lens Fitter _____

You may apply to become a **New Contact Lens Fitter** upon successfully completing the NACOR Optical Sciences 2- Advanced Practice Contact Lens Examination.

**4 - New Non-Practicing Optician
or Contact Lens Fitter** _____

You may apply to become a **New Non-Practicing Optician** or **Contact Lens Fitter** upon successfully completing the NACOR Examination **only if** you will not perform any duties of practicing opticians or contact lens fitters in the current registration year.

If you are applying for more than one category, make sure that you fulfill the requirements of both categories when you make your application.

1 - INSTRUCTIONS FOR REGISTRATION AS A NEW STUDENT CONTACT LENS FITTER:

- 1) Complete the **Registration Application Form** on pages 5-7.
- 2) Enclose the **Registration Fee** of \$140.00 (\$125.00 plus HST 12%) on page 7.
- 3) Attach **2 color passport photos** to the cover page of the Registration Package.
- 4) Complete **Form 1: Solemn Declaration** on page 8 by having it **signed** by a lawyer, notary public or any other authorized person.
- 5) Enclose the **Proof of Insurance** by following the instructions on page 9.
 - The certificate of insurance, professional liability or malpractice insurance must have a limit of at least \$1,000,000 (one million) per occurrence.
- 6) Complete and enclose the **Criminal Records Search** authorization form (attachment, all 3 pages).
 - **You must send all 3 pages to the COBC ONLY.** DO NOT send the form to the RCMP or Victoria.
 - Processing time is 4-6 weeks and must be approved before you can be fully registered.
 - *Please read the payment information carefully on the authorization form.*
- 7) Use the **Checklist** on page 2 to verify that you have correctly completed the application.
- 8) Return the **completed Registration Package** to the College of Opticians of BC by mail or in person.

2 - INSTRUCTIONS FOR REGISTRATION AS A NEW DISPENSING OPTICIAN:

- 1) Complete the **Registration Application Form** on pages 5-7.
- 2) Enclose the **Registration Fee** on page 7.
 - For applications between April 1 to September 30: \$610.40 (\$545.00 plus HST 12%)
 - For applications between October 1 to March 31: \$414.40 (\$370.00 plus HST 12%)
- 3) **FIRST TIME APPLICANTS ONLY:** If you are applying for BC registration for the **first time**, you must include **First Time Applicants - Additional Materials** (see the list below).
- 4) Use the **Checklist** on page 2 to verify that you have correctly completed the application.
- 5) Return the **completed Registration Package** to the College of Opticians of BC by mail or in person.

3 - INSTRUCTIONS FOR REGISTRATION AS A NEW CONTACT LENS FITTER:

- 1) Complete the **Registration Application Form** on pages 5-7.
- 2) Enclose the **Registration Fee** on page 7.
 - If you are **upgrading** from a Dispensing Optician to a Contact Lens Fitter:
 - For upgrades between April 1 to September 30: \$56.00 (\$50.00 plus HST 12%)
 - For upgrades between October 1 to March 31: \$28.00(\$25.00 plus HST 12%)
 - If you are **registering for** as both a Dispensing Optician and a Contact Lens Fitter:
 - For applications between April 1 to September 30: \$666.40 (\$595.00 plus HST 12%)
 - For applications between October 1 to March 31: \$442.40 (\$395.00 plus HST 12%)
- 3) **FIRST TIME APPLICANTS ONLY:** If you are applying for BC registration for the **first time**, you must include **First Time Applicants - Additional Materials** (see the list below).
- 4) Use the **Checklist** on page 2 to verify that you have correctly completed the application.
- 5) Return the **completed Registration Package** to the College of Opticians of BC by mail or in person.

4 - INSTRUCTIONS FOR REGISTRATION AS A NEW NON-PRACTICING OPTICIAN OR CONTACT LENS FITTER:

- 1) Complete the **Registration Application Form** on pages 5-7.
- 2) Enclose the **Registration Fee** on page 7.
 - For applications between April 1 to September 30: \$414.40 (\$370.00 plus HST 12%)
 - For applications between October 1 to March 31: \$316.40 (\$282.50 plus HST 12%)
- 3) Complete the **Non-Practicing Application Form** on page 9.
 - You must explain your reasons for applying for non-practicing status and your current working status.
 - As Non-Practicing Optician or Contact Lens Fitter, you will **not** be able to perform any duties of practicing opticians or contact lens fitters in the current registration year.
 - You will **not** receive a Certificate of Registration from the COBC as a new Non-Practicing registrant.
- 4) Complete the **Non-Practicing Declaration** on page 10 by **having it signed by a witness**.
- 5) **FIRST TIME APPLICANTS ONLY:** If you are applying for BC registration for the **first time**, you must include **First Time Applicants - Additional Materials** (see the list below).
- 6) Use the **Checklist** on page 2 to verify that you have correctly completed the application.
- 7) Return the **completed Registration Package** to the College of Opticians of BC by mail or in person.

INSTRUCTIONS FOR FIRST TIME APPLICANTS - ADDITIONAL MATERIALS:

- 1) You must attach **2 color passport photos** to the cover page of the Registration Package.
- 2) You must complete **Form 1: Solemn Declaration** on page 8 by having it **signed** by a lawyer, notary public, or any other authorized person.
- 3) You must enclose the **Proof of Insurance** by following the instructions on page 9.
 - The certificate of insurance, professional liability or malpractice insurance must have a limit of at least \$1,000,000 (one million) per occurrence.
- 4) You must complete and send the **Criminal Records Search** authorization form to the COBC (3 pages).
 - **You must send all 3 pages to the COBC ONLY.** DO NOT send the form to the RCMP or Victoria.
 - Processing time is 4-6 weeks and must be approved before you can be fully registered.

COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

Registration Application Form

I hereby make application to the College of Opticians of British Columbia 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:

- 1) I want to register as a **NEW STUDENT CONTACT LENS FITTER**
- 2) I want to register as a **NEW DISPENSING OPTICIAN**
- 3) I want to register as a **NEW CONTACT LENS FITTER**
- 4) I want to register as a **NEW NON-PRACTICING DISPENSING OPTICIAN or CONTACT LENS FITTER**

B. PERSONAL INFORMATION:

1) Personal Information

Full Name (First, Middle, Last) _____

COBC Registration # _____ Date of Birth (MM/DD/YYYY) _____
(For Existing Registrants Only)

Social Insurance # _____ Phone _____
 Fax _____

2) Home Address Information

Home Address _____

City _____ Province _____ Country _____

Postal Code _____ E-mail _____

Has your Address Changed? Yes No If yes, since when: _____

3) Employment & Business Address Information

Are you currently employed in optics in BC? Yes No
If Yes, Please fill out employment information below:

Are you the owner/operator of the business in BC? Yes No
If Yes, Please fill out business information below:

Business Name _____ Manager _____

Business Address _____ Phone _____

City _____ Province _____ Fax _____

Postal Code _____ E-mail _____

Is this a new address? Yes No If yes, since when: _____

4) Preferred Mailing Address: Home Business

C) EDUCATIONAL BACKGROUND INFORMATION:

Name: _____

| OPTICAL COURSES | Date of Graduation (Expected Date) | Completed (Y/N) | Partial Completion (Y/N) |
|---------------------------------|---|------------------------|---------------------------------|
| a) Douglas College Dispensing | | | |
| b) Douglas College Contact Lens | | | |
| c) NAIT Dispensing Optician | | | |
| d) NAIT Contact Lens Program | | | |
| e) Other (Give Details): | | | |

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 & PAYMENT INFORMATION:

Name: _____

Registration Fees:

If you are registering between April 1 and September 30, use Column 1 to determine your fee.
 If you are registering between October 1 and March 31, use Column 2 to determine your fee.

Note: When registering as Dispensing Optician and Contact Lens Fitter, your payment includes a one-time fee of \$195.00

| Select Your Fees: | COLUMN 1 : Full Year From April 1 to March 31 | | | | COLUMN 2 : Half Year From October 1 to March 31 | | | |
|--|--|--------------|------------------|------------------------|--|--------------|------------------|------------------------|
| | Fee | | HST 12% | | Fee | | HST 12% | |
| 1) New Student Contact Lens Fitter | 125.00 | + | 15.00 | = \$ 140.00 | 125.00 | + | 15.00 | = \$ 140.00 |
| 2) New Dispensing Optician | 545.00 | + | 65.40 | = \$ 610.40 | 370.00 | + | 44.40 | = \$ 414.40 |
| 3) New Contact Lens Fitter Optician | | | | | | | | |
| • Upgrade from Dispensing Optician | 50.00 | + | 6.00 | = \$ 56.00 | 25.00 | + | 3.00 | = \$ 28.00 |
| • Upgrade from Student Registration | 595.00 | + | 71.40 | = \$ 666.40 | 395.00 | + | 47.40 | = \$ 442.40 |
| 4) New Non-Practicing Dispensing Optician or Non-Practicing Contact Lens Fitter | 370.00 | + | 44.40 | = \$ 414.40 | 282.50 | + | 33.90 | = \$ 316.40 |
| 5) Document Assessment | 165.00 | + | 19.80 | = \$ 184.80 | 165.00 | + | 19.80 | = \$ 184.80 |
| 6) Competency Gap Analysis | 600.00 | + | 72.00 | = \$ 672.00 | 600.00 | + | 72.00 | = \$ 672.00 |
| | TOTAL FEE = | | | | TOTAL FEE = | | | |

PAYMENT INFORMATION

Date: _____ **Total Fee: \$** _____

Registrant's Name: _____

Registration Number: (If Applicable) _____

PAID VIA:

- VISA
- MASTERCARD
- CHEQUE
- MONEY ORDER
- CASH (IN-PERSON ONLY)

***** Do NOT Mail Cash *****

Make Cheques or Money Orders payable to "The College of Opticians of British Columbia"

Credit Card #: _____

Expiry Date: _____

Name on the Credit Card: _____

Signature: _____

Date Paid Stamp:

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.

COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

Non-Practicing Application (Non-Practicing Status Applicants only)

Name of Registrant: _____

Registration Number: _____

Starting date of New Non-Practicing status: _____
(mm / dd / yyyy)

I am registering as a New Non-Practicing Optician
 New Non-Practicing Contact Lens Fitter

Select **ONE** of the following reasons for registration as non-practicing:

- 1) I reside and work outside of the province of British Columbia.
- 2) I am no longer working, or I am currently unemployed in the optical industry.
- 3) I am a student and do not work.
- 4) I am on a leave of absence. Please specify: _____
(e.g. maternity leave / stress leave)
- 5) I am not working as an practicing optician or a contact lens fitter because I now work a

(title of your job)

Please provide a brief description of your work.

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 |

- 6) 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.

Date:

Signature of Registrant:

COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

Non-Practicing Declaration (Non-Practicing Status Applicants only)

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, _____, OF _____ (street 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 AS DESCRIBED IN SECTION 4 OF THE OPTICIANS REGULATIONS.
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.
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.

(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)

(occupation)

(address)

(phone number)

If you require the Criminal Records Search forms, you may download them from <http://www.pssg.gov.bc.ca/criminal-records-review/index.htm> or from the links below:

Consent Form (2 pages)

<http://www.pssg.gov.bc.ca/criminal-records-review/forms/docs/consent.pdf>

Credit Card Payment Form (1 page)

<http://www.pssg.gov.bc.ca/criminal-records-review/forms/docs/creditcard.pdf>