



# APPLICATION FOR REINSTATEMENT OF REGISTRATION

I hereby make application to the College of Opticians of British Columbia (COBC) for the reinstatement of my registration. I understand that the approval of the reinstatement of my registration is dependent on the submission of the following four (4) documents:

- 1) Written proof of \$1,000,000 (one million dollars) **professional or malpractice liability insurance** on a per occurrence basis;
- 2) Successful results from the **Criminal Records Search**;
- 3) Completion of the required **Mandatory Continuing Education** (if applicable); and
- 4) Payment for the **Reinstatement Fee(s)** and the **Annual Renewal of Registration Fee**.

1. **Name:** \_\_\_\_\_

2. **Date of Birth:** \_\_\_\_\_ (year/month/day)

3. **Preferred Mailing Address:** Correspondence is to be mailed to  Home  Work

4. **Home Address:**

\_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. **Work Address:**

Business Name: \_\_\_\_\_

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

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. **Employment Information:**

Are you currently employed as a Registered Dispensing Optician or Contact Lens Fitter Dispensing Optician?  Yes  No

Are you the owner/operator of the business?  Yes  No

If no, list the name of owner/operator of the business: \_\_\_\_\_

7. **Education Background Information**

Optical Courses	Date of Graduation	Completion (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) BC College of Optics Dispensing			
f) BC College of Optics Contact Lens			
g) Other (Give Details)			

8. **Payment Information**

As your registration has been suspended due to non-payment of the Annual Fee, you are now required to pay a Reinstatement Fee in addition to the Annual Registration Fee. GST Registration No. R896 764 263

**Reinstatement and Annual Fees Due:**

(A) Reinstatement Fee	(B) Annual Registration Fee
Reinstatement Fee per year \$ 200.00	Applicable Annual Fee for _____ \$ _____
GST \$ 10.00	GST \$ _____
Total Annual Reinstatement Fee \$ 210.00	
<b>Total Reinstatement Fee for</b> _____ year(s) x 210.00 = \$ _____	<b>Total Annual Fee</b> \$ _____

**Total Payment Due** (A) \$ \_\_\_\_\_ + (B) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Method of Payment:**  VISA  Cheque or Money Order  
 MC (Payable to *College of Opticians of British Columbia*)

I authorize the payment of \$ \_\_\_\_\_ (total payment authorized) for the total Reinstatement and Annual Registration Fee.

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Card Signature: \_\_\_\_\_

**TO THE BOARD OF OPTICIANS OF BRITISH COLUMBIA**

I, \_\_\_\_\_ (name), of \_\_\_\_\_ (street address) in the city of \_\_\_\_\_ in the Province of British Columbia do solemnly swear, that I have completed the questions above to the best of my knowledge and belief. 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.

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

\_\_\_\_\_  
Date