



**INFORMATION REGARDING PREVIOUS APPLICATIONS FOR
REGISTRATION**

1. Name of Applicant: _____

2. Have you applied for registration as an optician and/or contact lens fitter in
any other Province? Yes____ No____

Which Province(s) (please list) _____
Province Date

Province Date

Province Date

3. Do you intend to apply for registration as an optician and/or contacts lens fitter in
any other Province?

Please name Province _____

4. Have you previously completed a Competency Gap Analysis (“CGA”)?
Yes____ No____

When did you do the Competency Gap Analysis?

Date

Where did you do the Competency Gap Analysis?

Province

For the purpose of this application for registration I authorize the College of Opticians of British Columbia to obtain my personal information (including but not limited to, CGA results) from any regulator of opticians in Canada and to share the personal information in this application form with any regulators of opticians in Canada.

I authorize any regulator of opticians in Canada to release my personal information to the College of Opticians of British Columbia (including, but not limited to, CGA results).

Date

Signature of Applicant