



**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

<input type="checkbox"/>	<u>NEW SCL</u>	Passed NACOR Exam	Y	N
<input type="checkbox"/>	<u>NEW DISP</u>	Payment	Y	N
<input type="checkbox"/>	<u>NEW NPDISP</u>	2 Photos	Y	N
<input type="checkbox"/>	<u>NEW NPDISP</u>	Form 1	Y	N
<input type="checkbox"/>	<u>NEW CL</u>	Insurance	Y	N
<input type="checkbox"/>	<u>NEW CL</u>	NP Application	Y	N
<input type="checkbox"/>	<u>NEW CL</u>	NP Declaration	Y	N
<input type="checkbox"/>	<u>NEW NPCL</u>	CRS Form	Y	N
<input type="checkbox"/>	<u>NEW NPCL</u>	CRS Results	Y	N

Date Stamp:

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 INFORMATIONDate: _____ **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: