

## Contact Lens Mentor Application Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

Please complete all sections below.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:
I am applying to become a Contact Lens Mentor for:	Soft Fittings	Rigid Fittings	Soft & Rigid Fittings

B. Practice Information			
Business Name:			
Address:			Unit Number:
City:	Province:	Postal Code:	
Phone Number:	Fax Number:	Email:	

C. Dispensing Experience		
Number of years registered as an optician with the College:		
Number of years actively and currently fitting contact lenses:		
Have you been registered as an optician with the authority to dispense contact lenses in another Canadian jurisdiction? If yes, complete the information below and provide a completed Form B from each province in which you are registered to practise as an optician.	Yes	No

Regulatory Authority	Province	Registration Number	From (dd/mm/yy)			To (dd/mm/yy)		
Are you a registrant in good standing with the College?			Yes			No		
Do you presently work in a practice which includes dispensing contact lenses as part of the service offered to the public?			Yes			No		
How many soft contact lens fittings have you performed in the past 3 years?								
How many rigid contact lens fittings have you performed in the past 3 years?								
Type of contact lenses dispensed (check all that apply):								
Soft Spheres		Soft Toric		Rigid Lens			Therapeutic	
Bifocals		Prosthetic		Toric Rigid Lens			Other	

D. Agreements		
Do you agree to be added to an official registry of Contact Lens Mentors?	Yes	No
Do you give permission to the College to inspect contact lens files for verification of required fittings?	Yes	No
Do you agree to only supervise the contact lens fittings you are approved to supervise?	Yes	No
Do you agree to renew your Contact Lens Mentor status prior to the date of expiration or to cease to supervise the contact lens fittings of student and intern opticians (including signing the contact lens portion of the fittings logbooks) should you decide not to renew your Contact Lens Mentor status?	Yes	No
Do you agree <u>not</u> to charge a fee to sign logbooks or to supervise student or intern opticians?	Yes	No

E. Declaration	
I state that the above information is correct and true.	
Optician Signature:	Date:

You must first receive written confirmation from the College that you are approved as a Contact Lens Mentor before you begin the supervision of student and intern opticians for contact lens fittings and signing of the contact lens portion of their fittings logbook.

Submit this form by email to [registration@collegeofopticians.ca](mailto:registration@collegeofopticians.ca) or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.

## Form B – Certificate of Standing Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

Please complete all sections below.

A. Authorization for the Release of Information (to be completed by applicant)	
<p>The following is to be completed by the applicant and forwarded to the regulatory authority with which the applicant is, or has been previously, registered. It is the applicant's responsibility to assume all costs related to the regulatory authority's provisions of the information below.</p> <p>I, _____ (applicant's full name), have applied for a Certificate of Registration with the College of Opticians of Ontario in order to engage in the practice of opticianry.</p> <p>I hereby authorize _____ (regulatory authority) to release the information requested in this form, including any information related to my registration that may affect my suitability to practise opticianry in Ontario.</p>	
Applicant Signature:	Date:

The following is to be completed by the regulatory authority and returned to the College of Opticians of Ontario.

B. Personal Information (to be completed by regulatory authority)
Applicant's Registered Name:
Applicant's Previous Name(s):
The applicant is/was registered to practise as a(n):

C. Registration History (to be completed by regulatory authority)			
Registration Type	Registration Number	From (mm/dd/yyyy)	To (mm/dd/yyyy)
To the best of your knowledge, has this applicant been registered in any other jurisdiction? If "Yes", please fill in the information in the table below.		Yes	No
Governing Body	From (mm/dd/yyyy)		To (mm/dd/yyyy)
Has this applicant's registration/license ever been suspended?		Yes	No
If yes, please provide details:			
Has this applicant's registration/license ever been revoked?		Yes	No
If yes, please provide details:			
Is this applicant's registration/license subject to any terms, conditions, limitations or restrictions?		Yes	No
If yes, please provide more details:			
Has this applicant entered into any undertakings with respect to their registration/license?		Yes	No

If yes, please provide more details:		
Is this applicant currently the subject of any professional misconduct, incompetency or incapacity proceeding?	Yes	No
If yes, please provide more details:		
Has the applicant ever been the subject of any professional misconduct, incompetency or incapacity proceeding?	Yes	No
If yes, please provide more details:		
Is this applicant currently the subject of a formal complaint or investigation?	Yes	No
If yes, please provide more details:		
Has this applicant ever been the subject of a formal complaint or investigation where the outcome was anything other than "no further action"?	Yes	No
If yes, please provide more details:		
Has this applicant every been found to be non-compliant with your quality assurance and/or continuing education program?	Yes	No
If yes, please provide more details:		
Does this applicant have any outstanding obligations with your organization (such as fees)?	Yes	No
If yes, please provide more details:		
Is there any additional information that may be relevant to this applicant's suitability to practise opticianry?		

D. Regulatory Authority Declaration (to be completed by regulatory authority)		
I confirm that all the information provided is complete and accurate.		
Regulatory Authority Signature:	Title:	Date:

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