

Nomination Form

Candidate Information			
Electoral District:		Registration No:	
Name:		Email:	
Home Address:		Business Address:	
Home City:		Business City:	
Home Prov/PO:		Business Prov/PO:	
Home Tel:		Business Tel:	

Nomination

We, the undersigned members of the College of Opticians of Ontario, nominate

 as a candidate for election to the board and are eligible to do so.
 (candidate's name)

PLEASE NOTE:

- The nominators must be Registered Opticians or Inactive Opticians (who are not suspended) and must principally reside in the candidate's district (or if they do not reside in Ontario, must principally practise opticianry in the candidate's district).
- The nomination form must bear the signatures and registration numbers of at least three nominators.

1. Nominator's Name:			
Registration No.:		Date:	
Home address:			
Signature:			
3. Nominator's Name:			
Registration No.:		Date:	
Home address:			
Signature:			
3. Nominator's Name:			
Registration No.:		Date:	
Home address:			
Signature:			

Candidate Declaration and Consent Form

I, _____, declare as follows:
(candidate's name)

Eligibility Criteria – By-law Article 6.3	Agree	Disagree	Internal Use Only
I reside in the electoral district where I am running for election, or I reside outside of Ontario but am engaged in the practice of opticianry in the district where I am running.			
I am not in default of any payment or any required fees to the College.			
I have not been found to have committed an act of professional misconduct or to be incompetent in any disciplinary proceeding in the last six years.			
My certificate of registration has not been revoked or suspended in the last six years other than for non-payment of fees.			
I am not currently the subject of any disciplinary or incapacity proceedings.			
A period of at least six years has elapsed since I complied with all aspects of an order imposed by the Discipline Committee or the Fitness to Practice Committee of this college, or of a similar committee of any body that governs a profession inside or outside Ontario.			
My certificate of registration is not subject to a term, condition, or limitation.			
I am not in default of any of the requirements of the College's quality assurance program.			
I have resigned, at least three years before being nominated for election, any position such as a director, owner, board member, officer or employee that I hold with any organization that has as its primary mandate the promotion of the opticianry profession.			
I have resigned, at least three years before being nominated for election, any employment with the College.			
I am not a member of the Board of any other Ontario health regulatory college.			
I have complied with the Election Guidelines of the College.			

I am not a candidate for election in, or already a member of the Board, for another electoral district.			
I have not been disqualified from the Board in the last six years.			
I have not initiated, joined, continued or materially contributed to a legal proceeding against the College or any committee or representative of the College within the last six years.			
I do not have a conflict of interest to serve as a member of the Board, or I have agreed to remove any such conflict of interest before taking office.			
I am not in default of returning any required form or information to the College.			
I have successfully completed the Pre-Election Training Module: Jurisprudence Chapter 4 – RHPA, and submitted my certificate of completion with my nomination package.			
I have not been an elected Board member for more than nine consecutive years. Or if I have been an elected Board member for nine consecutive years, I have not been an elected Board member in the previous three years immediately preceding the election.			

I have enclosed or will provide the following to the College:

Technical Requirements	Yes	No	Internal Use Only
Nomination Form signed by at least three members			
Passport-Sized Photo			
Biographical Statement (optional)			

By signing, I consent to my nomination as a candidate for election to the Board of the College of Opticians of Ontario. I certify that the above declarations are true and correct to the best of my knowledge, and that I have read, understood and with all the requirements for nomination as provided under the College of Opticians of Ontario's Elections By-law.

Signature: _____ Date: _____

**Forms and supporting documentation must be received
by the College on Friday, November 28, 2025 at noon.**