

Attestation for As of Right Exemption for Labour Mobility Applicants

“As of Right” legislation in Ontario allows opticians registered in good standing in other Canadian jurisdictions to work in Ontario temporarily for up to six months, while completing their registration with the College of Opticians of Ontario (COO).

Conditions of Exemption

I, _____ (Full name), have applied to the College of Opticians of Ontario (COO) under the As of Right exemption for out of province opticians. I will begin providing opticianry services in Ontario on _____ (Date).

I hereby affirm that I meet all of the conditions contained in the Exemption – Restricted Titles Regulation under the *Opticianry Act, 1991* and I agree and attest to the following:

- ☐ I am currently registered with _____
(name of regulatory body), and my registration number is _____.
- ☐ I am licensed in that jurisdiction to dispense both eyeglasses and contact lenses.
- ☐ This is my first time applying to practice opticianry in Ontario under the As of Right legislation.
- ☐ I have not been refused a certificate of registration by a regulatory authority in a Canadian jurisdiction within the two years preceding the submission of my application to the COO.
- ☐ There has been no finding of professional misconduct, incompetence, or incapacity about or against me as a result of a proceeding related to the profession of opticianry.
- ☐ I am not the subject of any current professional misconduct, incompetence, or incapacity proceeding, or any similar proceeding related to the profession of opticianry.
- ☐ I hold professional liability insurance that extends coverage to Ontario and meets the requirements as outlined in article 25 of the [by-laws](#).
- ☐ I agree that I will only provide professional services to residents of Ontario only while I am physically present in Ontario.
- ☐ I understand that I must use the proper title relevant to my qualifications and may only use titles recognized in Ontario that are equivalent to the title that I am registered under in my original jurisdiction.

Loss of Exemption

I, _____ (full name), understand that I will lose my ability to practice opticianry in Ontario under the As of Right exemption if any of the following occur:

- 1) The COO rejects my application for a certificate of registration before the 6 months have elapsed since I first began providing professional services in Ontario.
- 2) The COO has not issued me a certificate of registration within the 6 months following the day I first began providing professional services in Ontario.
- 3) I cease to meet the conditions listed under the above “Conditions of Exemption” section.

I understand that if any of the conditions listed under the “Loss of Exemption” section apply to me, I am no longer permitted to practise opticianry in Ontario under the As of Right exemption, and I must immediately cease to practice and cease to hold myself out as an optician in Ontario. I further understand that I must immediately notify the COO upon loss of exemption.

Declaration

- ☐ I understand that it is my responsibility to submit all requirements and obtain registration in Ontario as soon as possible, and no later than 6 months from the date I begin providing services in Ontario.
- ☐ I understand that I must notify the COO immediately in writing if any of the information in this Attestation or my registration application changes, or if I cease to meet any of the conditions listed under the “Conditions of Exemption” section, above. I understand that failure to notify the COO of any such information may result in my application for certification being rejected and/or void any certificate of registration that results from this application.
- ☐ I understand that knowingly making a false declaration or representation, whether by commission or omission, in this Attestation may result in my application for registration being rejected and/or void any certificate of registration that results from this application. I further understand that the fact of my false declaration or representation may be used in evidence in any proceeding before the Registration Committee of the COO in this or any subsequent application for registration.
- ☐ I understand that by submitting this Attestation and registration application to the COO, I am giving my consent for the COO to make such inquiries about me as it deems appropriate in connection with this application to other professional registration or licensing bodies or employers, and to disclose my name, registration status, and As of Right exemption status to third parties, including employers, insurance companies, or the members of the public, upon request.
- ☐ I understand that knowingly making a false representation for the purposes of obtaining a certificate of registration is an offence under s. 92 of the [Health Professions Procedural Code](#). On conviction, it may

result in a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence.

☐ I acknowledge that I have read and understood this agreement.

Declare on this Date: _____

Full Name

Signature