

Contact Lens Mentor Renewal 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 renewing my status as a Contact Lens Mentor for:	Soft Fittings	Rigid Fittings	Soft & Rigid Fittings
I am a soft contact lens mentor and would also like to apply to become a rigid contact lens mentor:		Yes	No

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

C. Dispensing Experience		
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 services 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 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.