

## COMPETENCY REVIEW AND EVALUATION DEFERRAL/EXTENSION REQUEST FORM

Please note that the completion of a Professional Portfolio is required for all opticians, even if not currently in active practice. However, the College may grant a deferral or extension to an optician selected to participate in the Competency Review and Evaluation process if the reason for the request meets the criteria specified below.

All requests require approval by the College and are considered on a case-by-case basis. Some requests may require consideration by the Quality Assurance Committee. **Documentation in support of the request must be submitted with this form\*.**

\*The information and documents you provide will only be used by the Quality Assurance Committee. If you share information about your health or circumstances that raises concerns about your ability to practise safely, the Quality Assurance Committee may ask for further information to determine your circumstances. The committee may work with you to ensure that you practise does not put the public at risk. If the Quality Assurance Committee has concerns about your practice that it cannot address, the Committee can refer the matter to the Inquires, Complaints and Reports Committee. Even then, the Quality Assurance Committee will not disclose the documents you provide.

Please submit a completed deferral or extension request form **along with supporting documentation** to the Professional Practice department by email to [QA@collegeofopticians.ca](mailto:QA@collegeofopticians.ca) no later than **March 15, 2023**.

Name: \_\_\_\_\_ COO Registration Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

### I am requesting: (choose one)

- Extension: *an extension is a delay in submitting the mandatory materials of the current Competency Review and Evaluation process.*
- Deferral: *a deferral is a delay in engaging in the Competency Review and Evaluation process (normally until the next random selection cycle).*

### I am requesting a deferral/extension for the following reason: (choose one)

- Parental leave/leave of absence until \_\_\_\_\_
- Not currently practicing
- Personal Illness
- Retirement
- Personal crisis or extenuating circumstances

**Please provide additional details:**