

COO Examiner Application Form

Please send completed form and resume to Anna Jeremian, Manager, Registration or Peggy Dreyer, Manager, Professional Practice & Quality Assurance by email: ajeremian@collegeofopticians.ca | pdreyer@collegeofopticians.ca

Personal Details				
First Name:		Last Name:		
Address:		City:	Prov:	Postal:
Email:	Tel. Home:	Tel. Cell:		Tel. Work:
Registration and Practice Details				
Number of years in Practice:		Approx. Practice Hours in 2021:		COO #:
Current Areas of Practice (Please check ✓ all that apply): Contact Lenses <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Low-Vision <input type="checkbox"/>				
Practice distribution (% of practice time spent): Contact Lenses _____% Eyeglasses _____% Low-Vision _____%				
I have fit at least 50 soft contact lenses in the last three years.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I have fit rigid contact lenses in the last three years.				Yes <input type="checkbox"/> No <input type="checkbox"/>
Examination Sections – Related Experience Please list all the examination sections where you have relevant practice experience . For information on the examination sections, refer to candidate handbook . Please check ✓ all that apply.				
Eyeglasses Examination:				
Lens Duplication <input type="checkbox"/> Measurement <input type="checkbox"/> Verification <input type="checkbox"/> Service <input type="checkbox"/>				
Contact Lens Examination:				
Keratometry & Rx Interpretation <input type="checkbox"/> Verification & Lens Design (Rioscope) <input type="checkbox"/> Insertion & Removal <input type="checkbox"/> Follow - up <input type="checkbox"/>				
Declaration				
I hold a RO certificate of registration in Ontario, in good standing, with no terms, conditions and limitations.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I have not had my registration revoked or suspended in the last least six years.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I have practiced as an RO in the profession for at least three years.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I am currently teaching in an opticianry program.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I am currently an appointed or elected Council member of the College of Opticians of Ontario.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I am currently practicing in opticianry.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I am actively engaged in the College of Optician's annual quality assurance requirements.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I have had no past findings of professional misconduct, including those related to sexual abuse.				Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify the information above is true to the best of my knowledge. I acknowledge that should any information above change if I am selected as an examiner, I will notify the College of Opticians promptly.				
Signature:				Date: