

ANNUAL RENEWAL FOR CERTIFICATE OF REGISTRATION 2016-2017

IMPORTANT: READ BEFORE COMPLETING THIS FORM

Please print. Applications not legible or those incomplete will be returned. Please attach original receipts and keep a copy for your records.

The Undersigned applies for a License Renewal as:

(Please Check One)

- Licensed Dispensing Optician (DO) \$500.00
- Licensed DO / Certified Contact Lens Fitter (CCLF) \$550.00
- Non-Practicing License \$75.00

Please make cheque or money order payable to NSCDO Late Fee: \$150.00 NSF Fee: \$25.00

FOR OFFICE USE ONLY

Approved By: _____

Expiry Date: _____

License Type: _____

License Number: _____ Receipt #: _____

8 Credits for Dispensing: _____ C/O _____

10 Credits for Contact Lens: _____ C/O _____

REGISTRATION REQUIREMENTS MUST BE RECEIVED BY MARCH 31, 2016

PRACTICING LICENSE:

1. Completed Registration Form
2. Professional Development Credits:
8 for DO; 10 for CCLF; dated between January 1, 2015 - March 31, 2016
(only credits obtained in the last 3 months qualify to be carried over)
3. Proof of Liability Insurance
(a copy of certificate is required)
4. Renewal Fee

For PD credits: Did you sponsor a student in the last year? Yes No Name of Student: _____

NON-PRACTICING LICENSE:

1. Form
2. Required Number of Professional Development Credits
3. Fee

Note: A non-practicing license will only be issued after 3 years experience and is renewable to a maximum of 3 consecutive years.

Surname: _____ Given Name: _____ Year of Birth: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Home Phone Number: _____ Mobile Number: _____

Email: _____ License Number: _____

Name Of Business Where You Are Employed: _____

Civic Address: _____

City/Town: _____ Postal Code: _____

Business Phone Number: _____ Fax Number: _____

DON'T FORGET TO COMPLETE PAGE 2!

ANNUAL RENEWAL FOR CERTIFICATE OF REGISTRATION 2016-2017

1. If you are applying for a Non-Practicing License please give statement that you will not practice optical dispensing in this Province during the full term of this renewal year 2016-2017.

2. If you are a Licensed DO or CCLF do you have, or are you covered under your place of Employment, with liability insurance coverage, in the amount of at least one million dollars (\$1,000,000) as set by resolution for the Nova Scotia College of Dispensing Opticians, for the full-term of this renewal year 2016-2017? (A copy of certificate is required)

a.) Name of Insurance Provider: _____

b.) Expiration Date of Policy: _____

c.) Is this coverage through OAC or your Employer? Please check one. OAC Employer

3. Are you currently subject to any disciplinary finding that would prohibit you from practicing Optical Dispensing?

Regulations: Section 11(1)(a) Yes No

If yes, please explain: _____

DECLARATION:

I, the undersigned hereby confirm the information presented to be correct to the best of my knowledge, I agree to abide by the Act and Regulations governing the License applied for. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration, which may be granted to me. I authorize The Nova Scotia College of Dispensing Opticians to verify the information given or supplied as part of this application with the appropriate sources.

Signature of Applicant: _____

Date of Application: _____

If you are applying for a Practicing License, have this section completed by your Employer before the application is submitted.

EMPLOYER VERIFICATION SECTION

Does this employee have liability insurance covered by the employer? Yes No

I, _____ hereby certify that the information given by _____ in the foregoing application is to the best of my knowledge and belief.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Are you interested in serving in any aspect for the Nova Scotia College of Dispensing Opticians?

- Board of Directors
- Committee Member (Complaints Examination Sight Testing)
- Course Instructor