

## ANNUAL RENEWAL FOR CERTIFICATE OF REGISTRATION 2017-2018

### 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, 2017

#### PRACTICING LICENSE:

1. Completed Registration Form
2. Professional Development Credits:  
8 for DO; 10 for CCLF; dated between January 1, 2016 - March 31, 2017  
(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 2017-2018

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 2017-2018.

\_\_\_\_\_

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 2017-2018? (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