

# APPLICATION FORM FOR REGISTRATION

as a **Non-practicing Optometrist** in the Nova Scotia College of Optometrists  
**The Optometry Act (2005)**

Amended: September 29, 2011

***Please do not fold this form. Please complete this form in PRINT or TYPE***

## A.

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_  
(underline the name you commonly use)

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Telephone Number: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*(Please attach a recent passport photo here)*

Address to which you want all correspondence mailed after the  
Current academic term:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

1. Are you able to speak and write with reasonable fluency in:  
the English Language    Yes \_\_\_ No \_\_\_  
the French Language    Yes \_\_\_ No \_\_\_
2. Are you a Canadian Citizen?    Yes \_\_\_ No \_\_\_  
*(If YES please provide a notarized copy of your birth certificate or citizenship papers and go to Question 5)*
3. Do you have permanent resident status under the Immigration Act (Canada)?  
Yes \_\_\_ No \_\_\_  
*(If YES please provide a notarized copy of your certificate showing permanent resident status)*
4. Have you ever applied for a license or certificate of registration to practice optometry and had your application refused or rejected?  
Yes \_\_\_ No \_\_\_
5. Have you ever been convicted of a criminal offence or an offence under the Narcotic Control Act (Canada) or the Food and Drug Act (Canada)?  
Yes \_\_\_ No \_\_\_

***If your answer to question 5 or question 6 is YES please provide details:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If you require more space please attach second page)*

***\*\*Each case regarding citizen status will be considered individually\*\****

## B. EDUCATION RECORD

1. Doctor of Optometry Degree or the comparable degree of \_\_\_\_\_ awarded by \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

(day) (month)

2. List additional qualifications (degrees, fellowships, certificates)

Qualifications	Institution	Date

## C. PRACTICE RECORD

Please complete this section by listing the jurisdiction (i.e. province, state) in which you were licensed and have practiced in the past five years.

LOCATION	DATES OF PRACTICE IN THAT LOCATION

Please have the enclosed CERTIFICATE OF STANDING FORM(S) completed by the most recent licensing authority-listed above and sent directly to the Nova Scotia College of Optometrists.

## D. To THE NOVA SCOTIA COLLEGE OF OPTOMETRISTS

I, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the county of \_\_\_\_\_, Province/State of \_\_\_\_\_ DO SOLEMNLY DECLARE:

That, if granted a certification of registration, it will be issued as a non-practicing, non-voting member of the Nova Scotia College of Optometrists. I will continue to maintain the dignity and honour of the profession.

That, I believe all of the above statements to be true and knowing that it is of the same force and effect as made under oath and by virtue of the Canada Evidence Act.

Declared before me at \_\_\_\_\_ Province of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
A Commissioner, etc., or Notary Public (Seal)

\_\_\_\_\_  
Signature of Applicant

**NOTE: The NSCO non-practicing membership fee is \$50.00 +HST per year**