

APPLICATION FORM FOR REGISTRATION

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

Amended: October 6, 2017

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