

THE PRINCE EDWARD ISLAND COLLEGE OF OPTOMETRISTS
PROVINCE OF PRINCE EDWARD ISLAND OFFICE OF THE REGISTRAR

APPLICATION FORM — NEW GRADUATES
REGISTRATION AS AN OPTOMETRIST IN THE PROVINCE OF PRINCE EDWARD ISLAND

THE OPTOMETRY ACT 2014

PRINCE EDWARD ISLAND
COLLEGE of
OPTOMETRISTS

A. Personal Information

Full Name: _____

Date of Birth (MM / DD / YYYY): _____

Permanent Address: _____

City: _____ Province: _____ Postal Code: _____

Where would you like us to mail your correspondence? Use the same address as above

OR Use a different address: _____

City: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____

Fax Number: _____ Work Phone Number: _____

E-mail Address: _____

Language(s) Spoken: _____

Are you able to work legally in Canada? Yes No

B. Educational Record

Please enclose certified copies of transcripts from all universities or colleges. The Optometry Education Board of Canada (OEBC) will release OEBC exam results directly to the College.

Optometry Institute

Name of Optometry Institute: _____

Location of Institute: _____

Dates Attended (MM / DD / YYYY) _____

Start Date: _____

End Date: _____

Degree Obtained: _____

Date Received (MM / DD / YYYY): _____

Colleges or Universities Attended

1 Name of Optometry Institute: _____

Location of Institute: _____

Dates Attended (MM / DD / YYYY): Start Date: _____ End Date: _____

2 Name of Optometry Institute: _____

Location of Institute: _____

Dates Attended (MM / DD / YYYY): Start Date: _____ End Date: _____

3 Name of Optometry Institute: _____

Location of Institute: _____

Dates Attended (MM / DD / YYYY): Start Date: _____ End Date: _____

C. Confidential Assessment

1 Degree or Diploma Obtained: _____

Dates Received (MM / DD / YYYY): Start Date: _____ End Date: _____

2 Degree or Diploma Obtained: _____

Dates Received (MM / DD / YYYY): Start Date: _____ End Date: _____

3 Degree or Diploma Obtained: _____

Dates Received (MM / DD / YYYY): Start Date: _____ End Date: _____

All Candidates, please have the enclosed THREE CANDIDATE CONFIDENTIAL ASSESSMENT (CHARACTER REFERENCE) FORMS completed and sent directly to the Prince Edward Island College of Optometrists Registrar's office.

D. Enclose a recent photograph of yourself:

Please enclose a JPEG, JPG, PNG, TIFF, or PDF file with this application.

E. Criminal Record Verification

Have you ever been convicted of any criminal offense or are you currently under investigation for any criminal wrong doing? Yes No

Please submit a Canadian Police Information Centre (CPIC) Criminal Record Synopsis (CPIC check).

The applicant is responsible for paying all fees associated with obtaining and submitting a CPIC check to the College. If the applicant's name has changed while living in Canada the CPIC must be completed for the current name and all previous names. Results of the CPIC are to be sent from the police directly to the College. The results of a CPIC check must be dated within 6 months of the applicant being registered. If the applicant does not become registered within 6 months of the date the CPIC results were issued by the police, the applicant will need to submit an updated CPIC check.

F. Statutory Declaration

In the matter of my application to the Prince Edward Island College of Optometrists for academic approval for registration:

I, (Full Name) _____ ,

of (City / Town) _____ in the Province / State of _____

Do Solemnly Declare:

1. That I am the person referred to in the documents submitted in support of my application, that these documents present a true and accurate account of my qualifications, and that I have accurately completed all questions on this application; and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

2. I hereby attest that I have never challenged the Optometry Education Board of Canada examination before the date of this declaration. -OR- I have previously challenged the Optometry Education Board of Canada examinations and I hereby list all of the previous dates and the province(s) from which I received approval to write the OEBC examinations.

Date (MM / DD / YYYY): _____ Sponsoring Province/State: _____

Date (MM / DD / YYYY): _____ Sponsoring Province/State: _____

Date (MM / DD / YYYY): _____ Sponsoring Province/State: _____

3. The PEI College of Optometry has my express permission to contact OEBC regarding OEBC examination results from this or any attempt.

Declared at (Name of Institute) _____

in the Province/State of _____

this (Day) _____ day of (Month) _____ , (Year) _____ .

Sign here to give consent if printing document: _____

Click here to give consent if completing online: I give consent

An application processing fee of \$300.00 is to be included with this application. It can be paid by sending an EFT to **peicollegeofoptometrists@gmail.com**, or It may be mailed to the Registrar's office:

Dr. Kelly Bowes, Registrar
PEI College of Optometrists
C/O Pathfinder Group
604 - 5657 Spring Garden Road
Halifax, Nova Scotia, B3J 3R4

THIS FORM IS TO BE COMPLETED FOR ALL APPLICANTS

CONFIDENTIAL ASSESSMENT FORM

BOARD OF EXAMINERS PRINCE EDWARD ISLAND COLLEGE OF OPTOMETRISTS

Applicant's Name: _____

Instruction to the Applicant

1. Type your name in the space above.
2. Sign the form, download the form file, and email the file to the referee OR sign the printed form and mail it to the referee.
3. It is your responsibility to ensure that this form is received no later than 15th March for the following May/June Exam or 5th August for the following October exam.

You may not hand deliver this form to the PEI College of Optometrists' office.

Instruction to the Referee

1. Please complete this form by typewriter or wordprocessor, if possible.
2. Please complete Sections A and B.
3. Please print/type your name and mailing address in Section C.

Applicants may not hand deliver this form to the PEI College of Optometrists' office.

I confirm that I have read, consent, and agree to Prince Edward Island College of Optometrists's conditions and what I declare is true. Agreeing will have the same legal impact as a signature.

I give consent

I do not give consent

Confidential Assessment

Applicant's Name: _____

Section A

Do you know any reason why this applicant/optometrist should not be allowed to practice in Prince Edward Island? Yes No

If yes, please explain: _____

Section B

Please provide statements that comment on traits such as the moral and ethical character of this applicant.

Section C

I have known the applicant for _____ year(s) in the capacity of _____

_____ .

Referee's Full Name: _____

Referee's Telephone Number: _____

Referee's Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Your time and effort in completing this assessment is appreciated by the PEI College of Optometrists.

This assessment may be forwarded to the Registrar's office:

Dr. Kelly Bowes, Registrar

PEI College of Optometrists

C/O Pathfinder Group

604 - 5657 Spring Garden Road

Halifax, Nova Scotia, B3J 3R4