



Tel: 780.429.2694 or Toll Free: 1.800.263.6026 Website: [albertaopticians.ca](http://albertaopticians.ca)

**2022  
REINSTATEMENT REGISTRATION PACKAGE**

*Please fill out this form completely before submitting it to the CAO for review. If you have any questions please contact the COA office via email or telephone at your convenience. Thank you!*

**Section A: Personal Information**

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

State or Province of Birth: \_\_\_\_\_

Languages:

Gender: Male

Female

X

**Section B: Contact Information**

**Residence**

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_  Home Phone  Mobile/Cell

Alt. Phone Number (if applicable): \_\_\_\_\_  Home Phone  Mobile/Cell

Email (Required): \_\_\_\_\_

**Business**

Are you currently employed by an optical dispensary, optometrist, or ophthalmologist's office in Alberta?

Yes  No

**If yes, please provide the following information for your employer.**

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

## Section C: Registration Information

Please select the applicable category:

- I am reinstating within the first year since my license has lapsed
- I am reinstating between one (1) to five (5) years after my license lapsed
- I am reinstating over five (5) years after my license lapsed

Please select the applicable category:

- I want to register as an Eyeglass Optician
- I want to register as an Eyeglass Optician and Contact Lens Practitioner

Every Registered Optician must have a minimum of \$1,000,000 professional or malpractice liability insurance on a per occurrence basis in order to practice in Alberta. Some employers may offer to pay for your insurance, but if they won't cover it, the Opticians Association of Canada offers Professional Liability Insurance to their members. Please contact the COA for more information about Professional Liability Insurance requirements and when you will be required to provide proof that you are covered.

As of April 1, 2019 all new regulated members in Alberta are required to submit a criminal record check with their application.

Please visit: <https://www.sterlingtalentsolutions.ca/landing-pages/a/acao/> to complete your criminal record check.

If you are coming to us from another country please be sure to submit a criminal record check from your current country with this application.

For more information on Bill 21, please visit our website.

## Section F: Declaration

1. Have you been subject to any disciplinary action by a regulatory organization responsible for the regulation of opticians or of any other profession since you last renewed your certificate of registration/ practice permit? **Yes / No**
2. Have you, since the last time you renewed your certificate of registration/ practice permit, ever pleaded guilty or have been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned? **Yes / No**
3. Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incompetency, incapacity or a similar issue in relation to opticianry in Canada or elsewhere? **Yes / No**

I do solemnly swear that I have completed the questions above to the best of my knowledge and believe the completed form hereto affixed is correct and true. 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.

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Signature of Applicant

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Date

## Section G: Fees and Payment

The following fees are for your reference only. Fees are subject to change based on the status and/or date of your application. For an exact quote on the fees that will apply for you, please contact us via email at [general@albertaopticians.ca](mailto:general@albertaopticians.ca) via phone at 780.429.2694 or Toll Free at 1.800.263.6026.

**Registrants reinstating their license within one (1) to five (5) years may be required to complete continuing competency as needed. Please contact the COA office directly for more information.**

### Candidates reinstating within 1-5 years (incl. GST)

|  |                                 |
|--|---------------------------------|
| Reinstatement within first year: Eyeglass only             | \$647.28 + 25% fee = \$809.11   |
| Reinstatement within first year: Eyeglass & Contact Lenses | = \$999.16                      |
| Reinstatement within first year: Non-Practicing            | = \$316.76                      |
| Reinstatement within 1-2 years: Eyeglass Only              | \$647.28 + 50% fee = \$970.92   |
| Reinstatement within 1-2 years: Eyeglass & Contact Lenses  | = \$1198.98                     |
| Reinstatement within 1-2 years: Non-Practicing             | = \$380.11                      |
| Reinstatement in 2-5 years: Eyeglass Only                  | \$647.28 + 100% fee = \$1294.57 |
| Reinstatement within 2-5 years: Eyeglass & Contact Lenses  | = \$1598.65                     |
| Reinstatement within 2-5 years: Non-Practicing             | = \$506.81                      |

*Members who have been suspended for more than five (5) years, including retired members, are required to go through the PLAR process. Please contact the COA office directly for more information.*

### Payment Information

Total Fee: \_\_\_\_\_

Paid By:  Visa  Mastercard  Cheque or Money Order\*

Card Number (if applicable): \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Please make payment out to College of Opticians of Alberta if paying by cheque/money order.*