



Tel: 780.429.2694 OR Toll Free: 1.800.263.6026

Website: albertaopticians.ca

2022

NEW MEMBER REGISTRATION PACKAGE

Please note that this registration package is for opticians transferring from another province.

Please fill out this form completely before submitting it to the COA for review. If you have any questions, please contact the COA office via email (info@albertaopticians.ca) or telephone (780-429-2694).

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



**COLLEGE OF OPTICIANS
OF ALBERTA**

Section B: Contact Information

Residence

Address: _____

City: _____

Province: _____

Postal Code: _____

Primary Phone Number: _____

Alt. Phone Number (if applicable): _____

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 a Licensed Optician from another province applying to transfer to Alberta

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

Section D: Professional Liability Insurance (Errors and Omissions Insurance)

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. You may obtain professional liability insurance from an employer, through membership with the Opticians Association of Canada (OAC) or through an independent insurance broker.

Section E: Declaration

I _____ certify to the College of Opticians of Alberta that I am insured under a professional liability insurance policy with policy limits of not less than \$1,000,000, this policy is in full force and effective as of the date hereof;

I _____ undertake to the College of Opticians of Alberta that, in the event the said policy is due to expire prior to the registration renewal date, I will either renew or replace the policy, prior to the expiry date, with one that contains policy limits of not less than \$1,000,000;

I _____ undertake, should I change employer or place of business, to certify to the College, in a form or manner acceptable to the Registrar, that I continue to be insured under a professional liability insurance policy with policy limits of not less than \$1,000,000 per occurrence before commencing new employment or working at a new place of business.

Section F: Criminal Record Check

** If you have a criminal record check within the last 12 months, please contact the COA office to confirm if it can be accepted.*

As of April 1, 2019, in accordance with Bill 21: An Act to Protect Patients, all health care practitioners in Alberta are required to submit criminal background checks to their Regulatory College's. A criminal record check is required to process all new applications in Alberta.

Please visit: <https://www.sterlingtalentsolutions.ca/landing-pages/a/acao/> to complete your criminal record check. This will be submitted to the COA automatically once it is completed.

Section G: 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 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.

Signature of Applicant

Date

Section H: Additional Information

Please refer to the checklist below and submit as much of the requested information as you can with your registration package.

- Letter of Good Standing from current Regulator/College
- Criminal Record Check

If you are transferring from another province, please complete the release of information agreement below.

I _____ hereby authorize _____ (previous Regulatory body) to release information requested by the College of Opticians of Alberta, including any information related to my registration that may affect my suitability to practice Opticianry in Alberta. This includes, information regarding professional misconduct, formal complaints, practice restrictions or other relevant findings about my experience as an Optician.



Section I: Fees and Payment (includes GST)

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 info@albertaopticians.ca or via phone at 780.429.2694 or Toll Free at 1.800.263.6026.

Licensed Optician Transferring from another Province

Application Fee (New Member)	\$315
Application Fee (Previous COA Member)	\$57.75
Annual Registration Fee – Registered Optician 2022	\$647.28
Registration Fee - Contact Lens Practitioner 2022 (In addition to Registered Optician Fee)	\$152.04
Registration Fee - Non-Practicing 2022	\$253.41

Payment Information

Total Fee: _____

Paid By: Visa Mastercard Cheque or Money Order*

Card Number (if applicable): _____

Expiry Date (MM/YY): _____

CVC Number (3 digits): _____

Name on Card: _____

Signature: _____

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