



COLLEGE OF OPTICIANS
OF ALBERTA

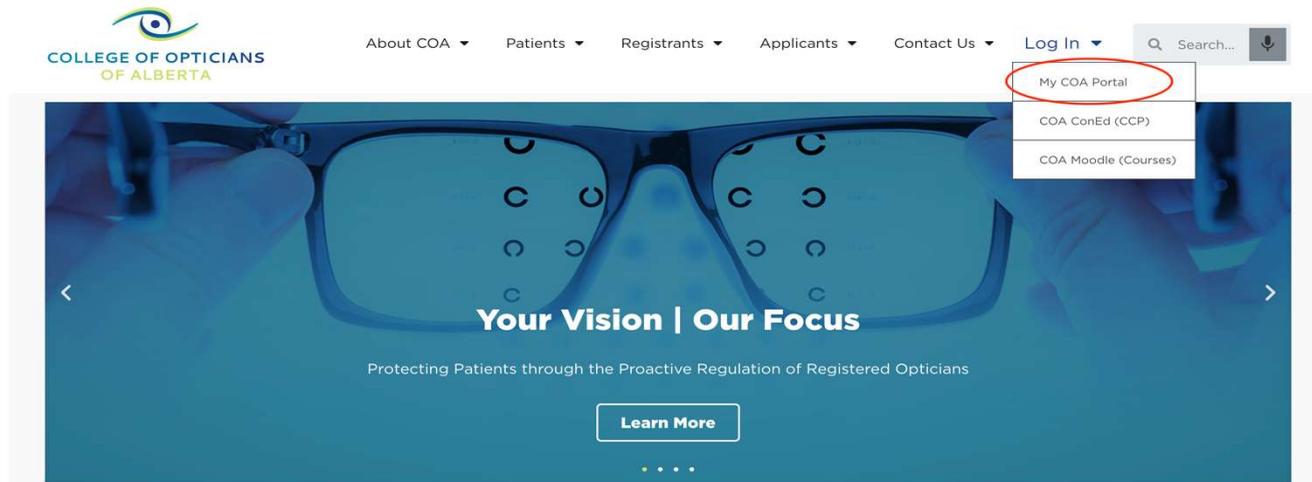
How to Renew Your License with the College of Opticians of Alberta (COA)

October 1, 2022

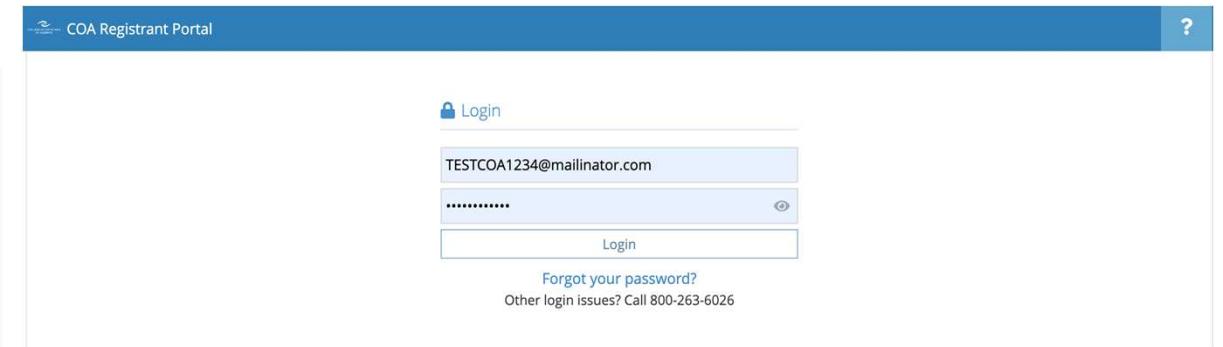
YOUR VISION

OUR FOCUS

STEP 1: LOG IN TO YOUR “MY COA PORTAL”



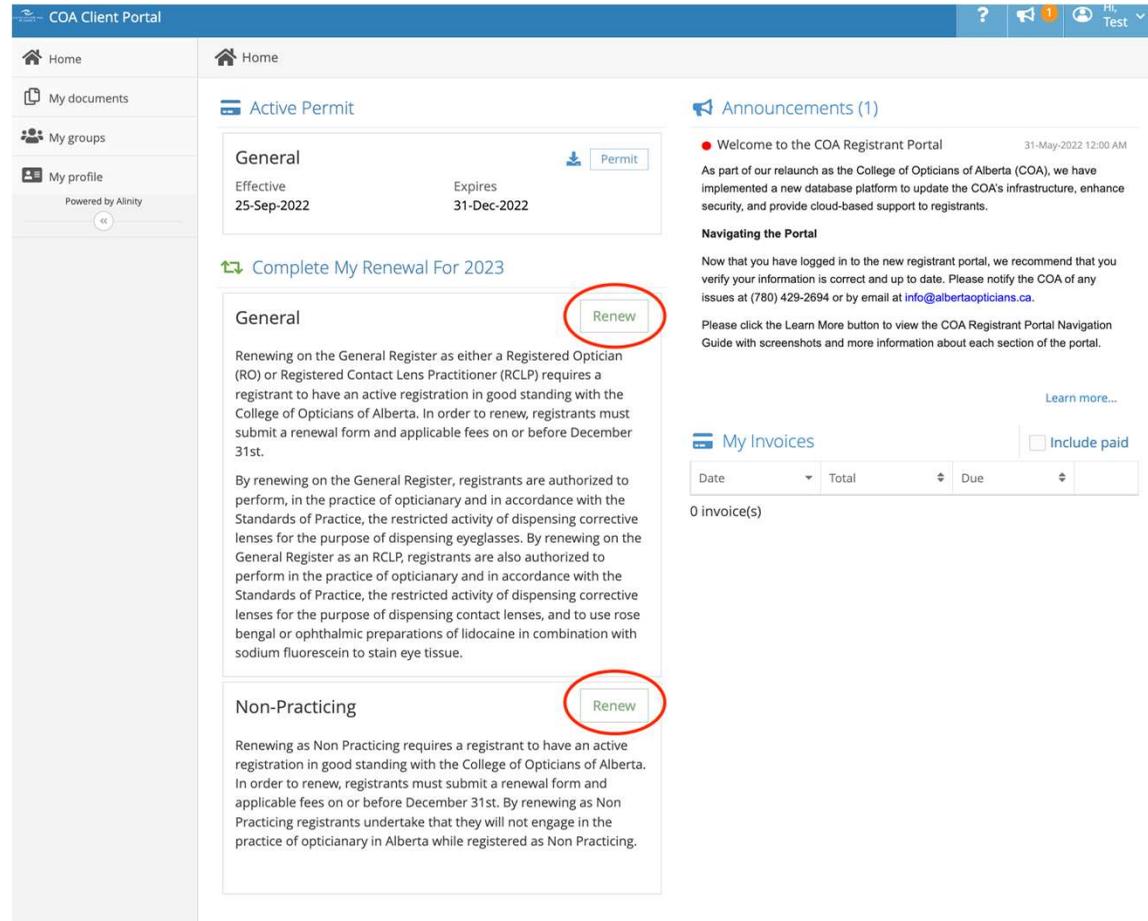
- Visit the COA website: <https://albertaopticians.ca/>
- Select “Log In” from the menu
- Select “My COA Portal”



- Login using your email address and password
- Select “Forgot your password?” to receive an email to change your password
- *Didn't receive an email? Contact the COA office (info@albertaopticians.ca or 780-429-2694).*

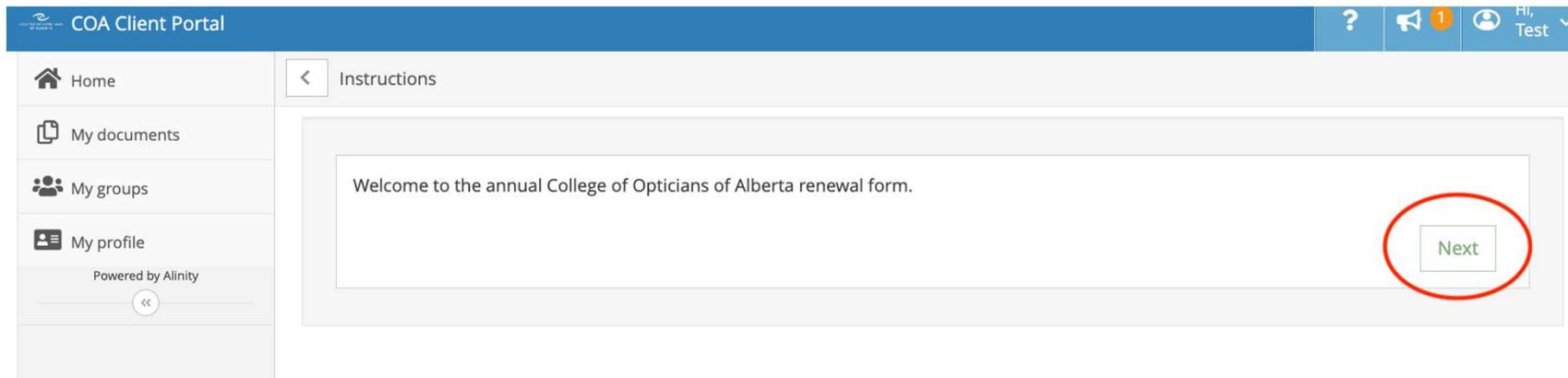
STEP 2: START YOUR RENEWAL FOR 2023

- Select "Renew" as either a General or Non-Practicing Registrant
 - General: Renewing as a practicing registrant
 - Non-practicing: Renewing as a non-practicing registrant



The screenshot displays the COA Client Portal interface. On the left is a navigation menu with options: Home, My documents, My groups, and My profile. The main content area is titled "Active Permit" and shows a "General" permit with an expiration date of 31-Dec-2022. Below this, a section titled "Complete My Renewal For 2023" contains two options: "General" and "Non-Practicing". Both options have a "Renew" button highlighted with a red circle. The "General" section includes text about renewing as a Registered Optician (RO) or Registered Contact Lens Practitioner (RCLP) and a "Renew" button. The "Non-Practicing" section includes text about renewing as a non-practicing registrant and a "Renew" button. On the right side of the portal, there are sections for "Announcements (1)" and "My Invoices".

STEP 3: BEGIN THE PROFILE UPDATE FORM



- Select “Next” to continue to the profile update form

STEP 4: REVIEW PROFILE UPDATE INSTRUCTIONS

- Review the profile update instructions before proceeding to ensure you understand the process and requirements
 - The instructions also include important information about leaving a practice and managing patient records

< Profile update (v1) > Test Test

1 Profile Update 2 2023 - Renewal

INSTRUCTIONS

General Instructions

This profile update form allows registrants to verify their information during renewal and submit changes to their COA registrant profile as needed. Upon submission updates are either automatically applied to the registrant profile or referred to admin under "profile updates" for review by COA staff. If you want to update information that is not included on this form, or have any problems submitting your form, please contact the COA directly by emailing info@albertaopticians.ca.

All required fields (marked with a red asterisk) must be completed before the profile update form is submitted. In order for the updated information to be submitted to the COA, you must click the "next" "save for later" or "submit" button located at the bottom of the form. If you have opened this form in error or are not prepared to submit the form to the COA, you may delete your submission by clicking the "withdraw" button located at the bottom of the form. If the COA has questions about your submission or requires additional information from you regarding your submission, a message will be sent to you here.

Updating Employer Information

To remove an employer, select "Yes" when asked "Do you need to make changes to the above employer?" in the Employment section of this form. Once you select yes, you will be able to update the employer phone number and/or set an end date for your employment. If you set an end date, the employer will be removed from your profile effective that date.

If you are updating employer information because you are leaving a practice please ensure you manage patient records in accordance with the [Health Information Act](#), [Health Information Regulations](#), and the [COA Standards of Practice](#). Opticians are required to maintain files under their custodianship or transfer custodianship of those records to another custodian. This means that if you're leaving a practice location you must maintain the records (i.e. take the files with you) or transfer the records to another optician or other successor custodian including an optometrist or ophthalmologist. Failure to do so could be considered abandoning patient records and may result in disciplinary action for violation of legislation and/or standards. Opticians are also required to inform patients and the COA anytime they transfer custodianship of their files.

To add an employer, click the "Add" button in the Employment section of this form. Once you click "Add" you will be prompted to enter your employer information.

STEP 5: CONFIRM YOUR PERSONAL INFORMATION

- Ensure your personal information is correct before proceeding:
 - Name
 - Gender
 - Birth Date
 - Mailing Address

PERSONAL

It is the member's responsibility to ensure the College has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.

Registration # 00041	Gender Male	Birth date 2002-09-01	Age 20
-------------------------	----------------	--------------------------	-----------

Current Name

First name Test	Preferred first name -	Middle name(s) -	Last name Test
--------------------	---------------------------	---------------------	-------------------

Suffix
-

Do you have a preferred name that is different from your first name?

Yes No

[Add](#) Click to request a change to your legal name

Current Address

Apartment / Box No. / Address or Street No.

1234 STREET

-

-

City
Edmonton, Alberta, Canada

Postal/Zip code
T0T 0T0

[Add](#) Click to request an address change

- If you would like to request a legal name change,* select “Add”
- Enter your new legal name
- Upload supporting documentation
 - For example: Driver’s license or marriage certificate

**Your legal name change request will be reviewed and verified by the COA before your renewal is finalized*

Do you have a preferred name that is different from your first name?
 Yes No

Add Click to request a change to your legal name

Name change 

* First name Middle name(s) * Last name

Suffix

* Supporting documentation

Upload Click here to upload a supporting document from your computer

- If you would like to update your mailing address, select "Add" and enter your new address
- Please also ensure you confirm/update your phone number and email address so that the COA has your current contact information

Add Click to request an address change

Address change 

* Apartment / Box No. / Address or Street No.

* City 

* Postal/Zip code

Contact Information

Primary phone # 

Secondary phone # 

* Email

STEP 6: REVIEW SPOKEN/WRITTEN LANGUAGES

Spoken/Written Languages (Other Than English)

No additional language records exist.

Add Click to add additional languages to your profile

* Other language	* Spoken	* Written	
<input type="text" value="-"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

- To add a spoken/written language other than English, select the language, indicate whether it is spoken and/or written, and select “Add”

STEP 7: REVIEW AREAS OF INTEREST

- Areas of interest are self-declared and displayed on the COA Public Directory
 - To add an area of interest from the list provided, select the white check box next to the service and add the date you started providing services

Areas of Interest

Listed below are Areas of Interest which are self-declared and displayed on the COA Public Directory, Areas of Interest are services offered by yourself that may not be offered by all opticians.

No area of interest records exist.

- Other
- Pediatric Eyeglasses
- Mobile Services
- Low Vision Assessments
- RGP (Hard) Contact Lenses
- Pediatric Contact Lenses
- Vocational Lenses
- Safety Eyewear
- Bandage Contact Lenses
- Low Vision Devices
- Ocular Prosthetics

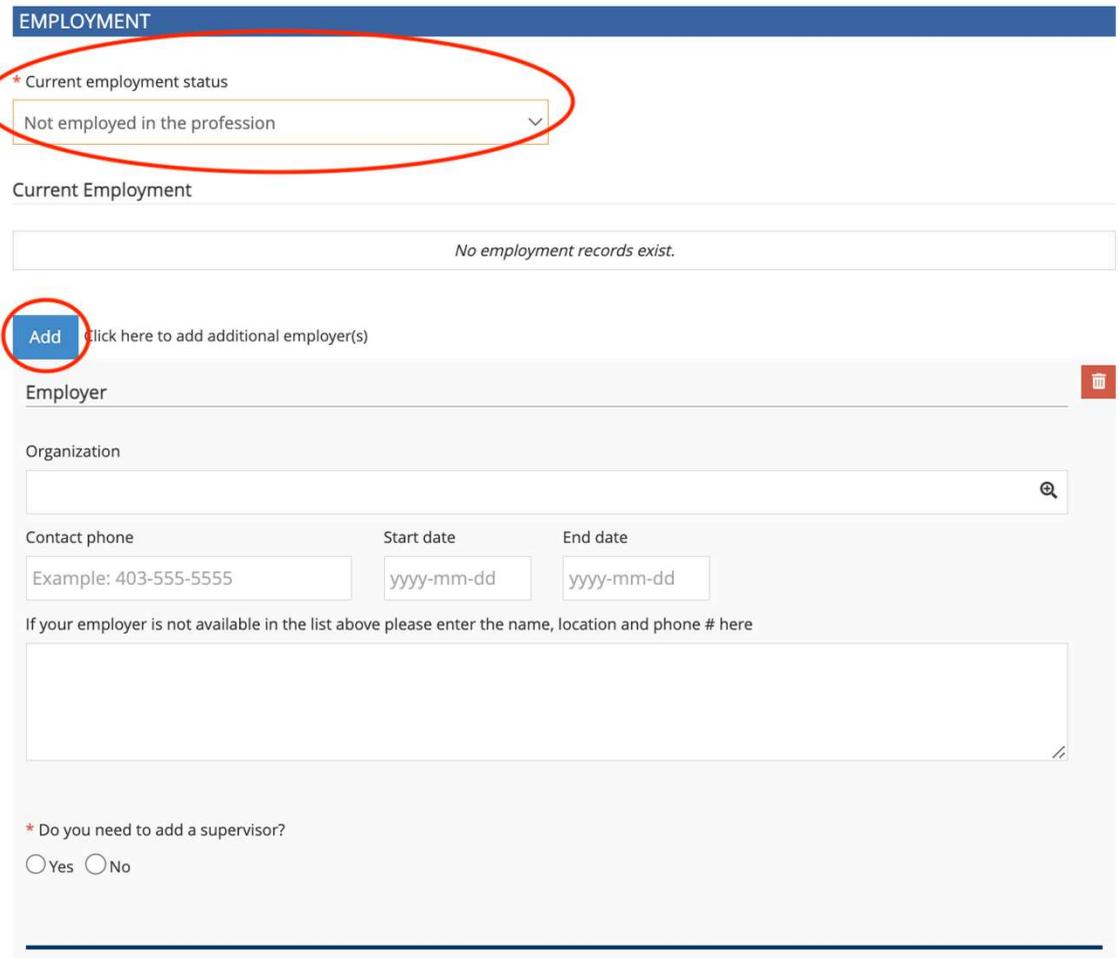
* Effective Date

yyyy-mm-dd

STEP 8: REVIEW EMPLOYMENT INFORMATION

- Select your current employment status (employed in the profession or not employed in the profession)
- Select “Add” to change or add an additional employer
 - Select an organization from the organization list*
 - Add the employer phone number and your employment date(s)
 - If you are currently working under supervision, select “Yes” to add a supervisor

**If your employer is not available on the list, add the business information in the white box provided*



EMPLOYMENT

* Current employment status
Not employed in the profession

Current Employment

No employment records exist.

Add Click here to add additional employer(s)

Employer

Organization

Contact phone: Example: 403-555-5555

Start date: yyyy-mm-dd

End date: yyyy-mm-dd

If your employer is not available in the list above please enter the name, location and phone # here

* Do you need to add a supervisor?
 Yes No

STEP 9: REVIEW RENEWAL FORM INSTRUCTIONS

- Review the renewal form instructions before proceeding to ensure you understand the process and requirements

INSTRUCTIONS

General Instructions

This renewal form requires registrants to verify the details of their registration and complete required declarations and undertakings. All required fields (marked with a red asterisk) must be completed before the renewal form is submitted. In order for the information to be submitted to the COA, you must hit the "submit" button located at the bottom of the form. If you have opened this form in error or are not prepared to submit the form to the COA, you may delete your submission by hitting the "withdraw" button located at the bottom of the form or save your work by hitting the "save for later" button at the bottom of the form and completing at another time. If the COA has questions about your submission or requires additional information from you regarding your submission, a message will be sent to you here.

After you have submitted this renewal form, you will automatically be sent to your invoice to submit payment. Renewals will not be completed until payment has been received and processed. Once payment has been processed, you will be able to access your receipt on your COA Profile home page.

STEP 10: COMPLETE REFRACTING OPTICIAN FORM

- If you provide refracting services to patients, select “Yes” and complete the refracting declaration form
 - Select the system you use for refraction
 - Indicate if you perform intraocular pressure testing and retinal imaging testing
 - Select your license and training information
 - Enter the name and select “Add” to provide information on the ophthalmologist or optometrist currently writing your optical prescriptions

REFRACTING OPTICIAN REGISTRATION

If you provide refraction services to patients you must submit the refraction information to a ophthalmologist or optometrist and keep a record on file at the practice at which the vision test was administered.

* Do you refract?

Yes No

* What system do you currently use to accumulate refraction information for patients?

* Do you perform intraocular pressure testing?

Yes No

* Do you perform retinal imaging testing?

Yes No

* What license and training have you completed?

Registered Optician

Reg. Contact Lens Practitioner

Refraction

Eyelogic

Other (specify)

Please provide a list of licensed ophthalmologists or optometrists who are writing the optical prescriptions from the refracting information you have collected.

Add

* Registrant name

All patients who pay for a retinal imaging test must have the images reviewed by an ophthalmologist or optomologist and kept on file at the practice location in which the retinal imaaging test was administered.

STEP 11: REVIEW MANDATORY EXAMS

- All registrants must complete code of conduct (jurisprudence) and trauma-informed care requirements (“Exams”)
 - If you have not completed the mandatory exams, you will receive a message in red and will not be able to proceed with renewal until the requirements are met*
 - If you have completed the required exams, you will receive a message in green and may proceed with renewal

EXAMS

Your renewal cannot be submitted at this time. Our records indicate that you have not completed the jurisprudence exam and/or trauma-informed care training required for renewal.

For more information about renewal requirements, please visit the [Registration and Renewal](#) page on the COA website.

If you have any questions or believe you have received this message in error, please contact us at info@albertaopticians.ca.

EXAMS

Your renewal can be submitted as our records indicate that you have completed the jurisprudence exam and/or trauma-informed care training required for renewal.

**If you have completed the required exams and receive a message in red, contact the COA at 780-429-2694 or info@albertaopticians.ca*

STEP 12: REVIEW DECLARATIONS

- Review and select “Yes” or “No” for each good standing declaration*
- Review and select the white check box next to each declaration to acknowledge continuing competency, insurance, accuracy of information, and privacy requirements

**Selecting “Yes” to any of the good standing declarations will require your renewal to be reviewed by the COA before approval*

GOOD STANDING DECLARATIONS

Have you been subject to any disciplinary action by a regulatory organization responsible for the regulation of opticians or of any other profession, including disciplinary action related to accusations of sexual abuse of sexual misconduct as defined by the Health Professions Act of Alberta, since you last renewed your certificate of registration/practice permit? Yes No

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 offense in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned? Yes No

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

DECLARATIONS

By clicking “I acknowledge and accept” below:

- I solemnly declare that I am insured under a professional liability insurance policy with policy limits of not less than \$1,000,000 per occurrence and this policy is in full force and effective as of the date hereof.
- I solemnly declare 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 per occurrence.
- I solemnly declare I will promptly advise the Registrar in writing of any changes in my employer and verify, in a 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 employment under the new employer.

* I acknowledge and accept the above declaration

By clicking “I acknowledge and accept” below, I solemnly declare that the information contained in this form, including all accompanying documentation, is true, accurate and complete to the best of my knowledge.

* I acknowledge and accept the above declaration

By clicking “I acknowledge and accept” below:

- I solemnly declare that I am aware of the continuing education requirements set by the College of Opticians of Alberta.
- I solemnly declare that I am aware that the continuing education requirements must be completed by the end of the 3-year cycle on June 30, 2023.

* I acknowledge and accept the above declaration

You must read and agree with our privacy policy to proceed with renewal. Please click the link below to review the policy:
[Privacy Policy](#)

By clicking “I acknowledge and accept” below” I solemnly declare that I have read and agree with the privacy policy.

* I acknowledge and accept the above declaration

STEP 13: SUBMIT RENEWAL FORM

WARNING: Please make sure that all information entered is accurate before your final submission.

Submit

Save for later

Withdraw

- If you are ready to proceed to payment, select “Submit”
- If you would like to save and return to your renewal form, select “Save for later”
- If you would like to cancel your renewal, select “Withdraw”

STEP 14: REVIEW YOUR FEES

- Your fees will be auto-generated based on the fee schedule for the year
 - If you have special circumstances and will only be practicing for part of the year, please contact the COA to ensure you are paying the correct fees
 - If you will be changing status to/from practicing or non-practicing at some point in the coming year, please contact the COA office to adjust your fees*

Invoice

From
College of Opticians of Alberta
201, 2528 Ellwood Dr. SW
Edmonton, Alberta T6X 0A9

To
Test, Test (00041)
1234 STREET
Edmonton, Alberta T0T 0T0

26-Sep-2022 #1000245
Reference: -
GST #: 12634 8820 RT 0001

Description		Total
Eyeglass Registration Fees (RO)		\$616.46
	Subtotal	\$616.46
	GST	\$30.82
	Total due	\$647.28

If paying by cheque click "Close" and send payment to the College at the address above. Please include your invoice number on your cheque. Your form will not be processed without payment.

Splitting your payment still requires the full amount to be paid prior to approval. Each payment is processed individually, once paid you can pay the remainder as a separate transaction.

Pay now:

**The COA does not provide fee refunds; registrants must contact the COA at the time of renewal for any fee adjustments*

STEP 15: PAY RENEWAL FEES

- **Split Payment Option (Payment Plan)**
 - To pay a portion of your fees at a time select “split” and enter the amount you would like to pay
 - *Full payment must be submitted before December 1st*
- **Cheque**
 - Your receipt will be available once your cheque is received
- **E-transfer**
 - Send your e-transfer to info@albertaopticians.ca
 - Make the security question “What is my COA license number?”
 - Make the security password your license number
 - *Your receipt will be available once your e-transfer is received*
- **Credit card**
 - Select “Pay”
 - *For credit card payment instructions, continue to the next page of the renewal walkthrough*

Invoice

26-Sep-2022 #1000245
Reference: -
GST #: 12634 8820 RT 0001

From: College of Opticians of Alberta
201, 2528 Ellwood Dr. SW
Edmonton, Alberta T6X 0A9

To: Test, Test (00041)
1234 STREET
Edmonton, Alberta T0T 0T0

Description		Total
Eyeglass Registration Fees (RO)		\$616.46
	Subtotal	\$616.46
	GST	\$30.82
	Total due	\$647.28

If paying by cheque click "Close" and send payment to the College at the address above. Please include your invoice number on your cheque. Your form will not be processed without payment.

Splitting your payment still requires the full amount to be paid prior to approval. Each payment is processed individually, once paid you can pay the remainder as a separate transaction.

Split Pay now: 100.00 Close Pay

- If you are paying by credit card, enter your payment information
 - Name
 - Credit card number, expiry, and security code
 - Address associated with the credit card
- Accepted credit cards:
 - Visa and MasterCard

Invoice #1000245 For Test, Test (00041)

Total charge \$100.00 (out of \$647.28 due in total)

* First name on card * Last name on card

* Credit card # * Expiry * Security code

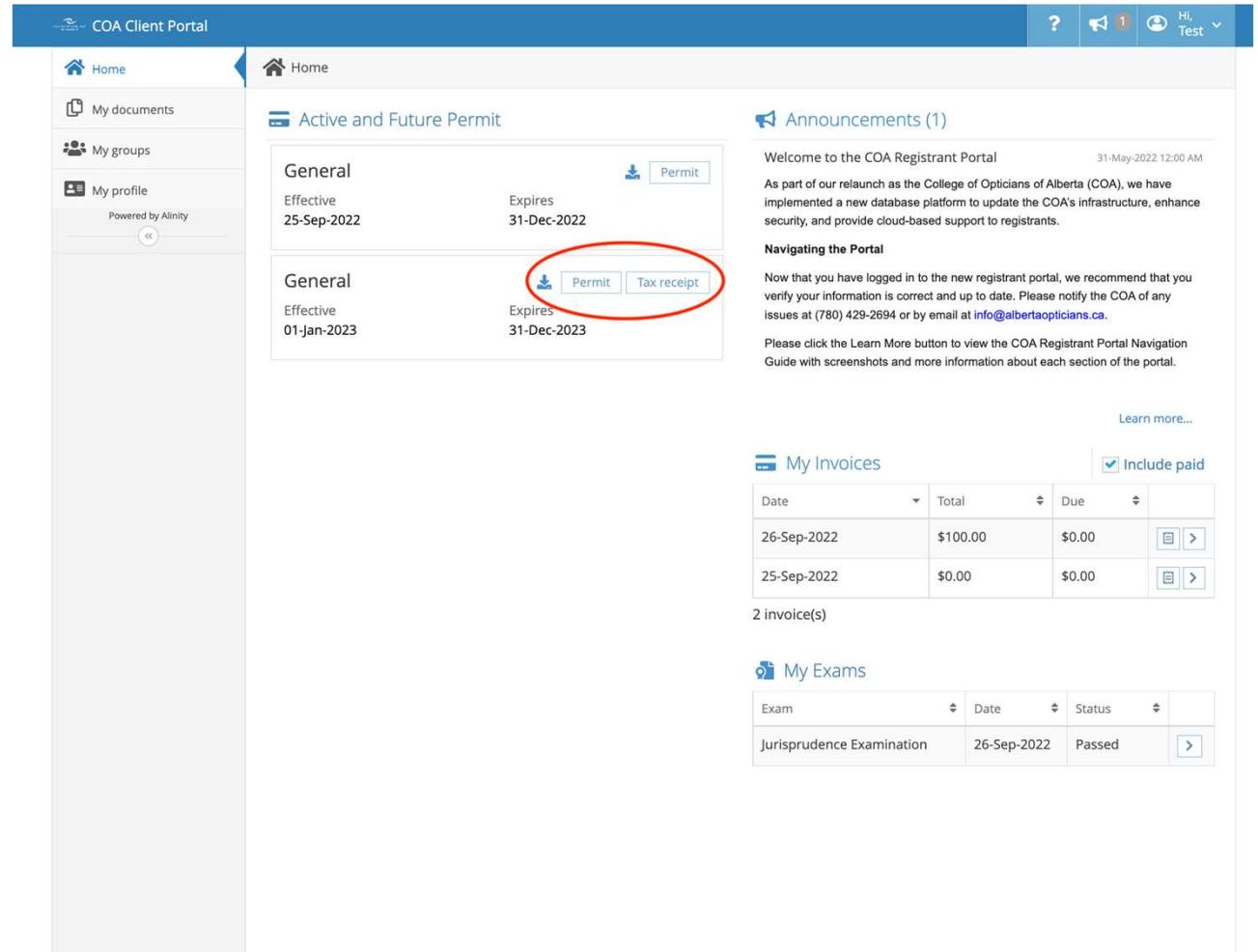
* Please note that Alinity does not store your credit card details on their servers

* Home # and street only (for account, no apt #)

* Postal/ZIP code

STEP 16: DOWNLOAD PERMIT AND RECEIPT

- After submitting your payment, you will be re-directed to the homepage of your COA profile
 - Select “Permit” to download your 2023 practice permit
 - Select “Tax Receipt” to download a copy of your 2023 receipt



COA Client Portal

Home

My documents

My groups

My profile
Powered by Alinity

Active and Future Permit

General	Effective 25-Sep-2022	Expires 31-Dec-2022	Permit
General	Effective 01-Jan-2023	Expires 31-Dec-2023	Permit Tax receipt

Announcements (1)

Welcome to the COA Registrant Portal 31-May-2022 12:00 AM

As part of our relaunch as the College of Opticians of Alberta (COA), we have implemented a new database platform to update the COA's infrastructure, enhance security, and provide cloud-based support to registrants.

Navigating the Portal

Now that you have logged in to the new registrant portal, we recommend that you verify your information is correct and up to date. Please notify the COA of any issues at (780) 429-2694 or by email at info@albertaopticians.ca.

Please click the Learn More button to view the COA Registrant Portal Navigation Guide with screenshots and more information about each section of the portal.

[Learn more...](#)

My Invoices

Include paid

Date	Total	Due	
26-Sep-2022	\$100.00	\$0.00	
25-Sep-2022	\$0.00	\$0.00	

2 invoice(s)

My Exams

Exam	Date	Status	
Jurisprudence Examination	26-Sep-2022	Passed	



**COLLEGE OF OPTICIANS
OF ALBERTA**

**HAVE QUESTIONS?
CONTACT THE COA OFFICE, WE'RE HERE TO HELP!**

EMAIL: INFO@ALBERTAOPTICIANS.CA

PHONE NUMBER: 780-429-2694

YOUR VISION

OUR FOCUS