



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

**2023  
REINSTATEMENT REGISTRATION PACKAGE**

*This form is for registrants who are reinstating their license after one (1) to five (5) years of having an inactive status and registrants who have has an inactive status for over five (5) years and successfully completed the Prior Learning and Assessment Recognition (PLAR) program.*

*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](mailto:info@albertaopticians.ca)) or telephone (780-429-2694) at your convenience. Thank you!*

*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.*

**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: \_\_\_\_\_

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 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

## 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Section E: Criminal Record Check

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.

## 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.

### Application fee: \$57.75

#### Registrants reinstating within 1-5 years

Reinstatement within 1-2 years: Eyeglass Only	\$666.70 + 50% fee = \$1000.05
Reinstatement within 1-2 years: Eyeglass & Contact Lenses	\$823.30 + 50% fee=\$1234.95
Reinstatement within 2-5 years: Eyeglass Only	\$666.70 + 100% fee = \$1333.40
Reinstatement within 2-5 years: Eyeglass & Contact Lenses	\$823.30 + 100% fee=\$1646.60

#### Registrants reinstating over 5 years and completed PLAR

Annual Registration Fee: Eyeglass Only	\$666.70
Annual Registration Fee: Eyeglass and Contact Lenses	\$823.30

*\*All fees include GST*

### 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.*