

ANNUAL RENEWAL FOR CERTIFICATE OF REGISTRATION 2019-2020

IMPORTANT: READ BEFORE COMPLETING THIS FORM
Please Print. Applications not legible or those incomplete will be returned. Please attach original receipts and keep a copy for your records.

For Office Use Only

Approved By: _____
 Issued Date: _____
 License Type: _____
 License Number: _____ Receipt #: _____
 8 Credits for Dispensing _____ C/O _____
 10 Credits for Contact Lens _____ C/O _____

The Undersigned applies for a License Renewal as
(Please Check Applicable Box)

- | | |
|--|----------|
| <input type="checkbox"/> Licensed Dispensing Optician (DO) | \$525.00 |
| <input type="checkbox"/> Licensed DO/ Certified Contact Lens Fitter (CCLF) | \$575.00 |
| <input type="checkbox"/> Non-Practicing License | \$75.00 |

Please make Cheque or Money Order payable to the NSCDO. Late Fee: \$150.00 NSF Fee: \$25.00

REGISTRATION REQUIREMENTS MUST BE RECEIVED BY MARCH 31, 2019

Practicing License Requirements:	Non-Practicing License:
<p>1. Completed Registration Form</p> <p>2. Professional Development Credits 8 for DO; 10 for CCLF, dated between January 1, 2018 – March 31, 2019. (only credits obtained in the last 3 months qualify to be carried over)</p> <p>3. Proof of Liability Insurance (a copy of certificate is required)</p> <p>4. Renewal Fee.</p>	<p>1. Completed Registration Form;</p> <p>2. Professional Development Credits: 8 for DO; 10 for CCLF, dated between January 1, 2018 – March 31, 2019. (only credits obtained in the last 3 months qualify to be carried over)</p> <p>3. Non-Practicing Fee.</p> <p><i>Note: A non-practicing license will only be issued after 3 years experience and is renewable to a maximum of 3 consecutive years.</i></p>

For PD Credits: Did you sponsor a student in the past year: Yes: Name of student: _____

Registrant Information:

SURNAME: _____ FIRST NAME: _____ Year of Birth: _____
HOME ADDRESS: _____
CITY/TOWN: _____
Postal Code: _____ Home Phone Number: _____
Email: _____ License Number _____

Name of Business/Employer:

Civic Address _____ Postal Code _____
Business Phone Number: _____ Fax Number: _____

Statements of Declaration:

1. If you are applying for a Non-Practicing License please give statement that you will not practice optical dispensing in this Province during the full term of this renewal year 2019-2020.

2. If you are a Licensed DO or CCLF do you have, or are you covered under your place of employment, with liability insurance coverage, in the amount of at least one million dollars (\$1,000,000) as set by resolution for the Nova Scotia College of Dispensing Opticians, for the full-term of this renewal year 2019-2020?

NOTE: Copy of Certificate Is Required

- a) Name of Insurance Provider _____
- b) Expiration Date of Policy _____
- c) Is this coverage through OAC or your Employer? OAC ___ Employer ___

3. Are you currently subject to any disciplinary findings that would prohibit you from practicing Optical Dispensing? Regulations: Section 11(1)(a) Yes ___ No ___
If yes, please explain: _____

DECLARATION: I, the undersigned, hereby confirm the information presented to be correct to the best of my knowledge. I agree to abide by the Act and Regulations governing the License applied for. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration, which may be granted me. I authorize The Nova Scotia College of Dispensing Opticians to verify the information given or supplied as part of this application with the appropriate sources.

Signature of Applicant Date of Application

Employer Verification Section:

If you are applying for a Practicing License, this section must be completed by your Employer before submitting your application.

Does this employee have liability insurance coverage by the Employer? Yes ____ No ____

I, _____ hereby certify that the information given by _____ on the attached application is correct to the best of my knowledge and belief.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

Are you interested in serving in any aspect for the Nova Scotia College of Dispensing Optician?

- Board of Directors
- Committee Member (Complaints __ Examination __ Sight Testing __)
- Course Instructor