

APPLICATION FOR LICENSE OR REGISTRATION

NOVA SCOTIA COLLEGE OF DISPENSING OPTICIANS
HALIFAX PROFESSIONAL CENTRE, SUITE 234
5991 SPRING GARDEN ROAD
HALIFAX, NS B3H 1Y6
Phone (902)425-7928 fax: (902)425-0360
E-mail: nscdo@ns.aliantzinc.ca

FOR OFFICE USE ONLY

Approved By: _____ Date: _____
Expiry Date: _____ Fees Pd. _____
License Type _____
Receipt NO. _____ License NO. _____
Professional Development Credits,
If Applicable: _____

IMPORTANT: READ BEFORE COMPLETING THIS FORM

1. Print or Type: Application not legible or those incomplete will be returned.
2. If insufficient space is provided, please attach additional information

The Undersigned applies for a License or Registration as (Please check)

Advanced Candidate; coming from another province

- Dispensing Optician, Advanced Candidate
 Contact Lens, Advanced Candidate

Surname of Applicant Given Names

Residence of Applicant _____ Suite/Apt. _____

City/Town _____ Province _____ Postal Code _____

Home Phone Number: _____ Cell: _____

E-mail address _____

Name of Business where you will be employed

Address of Business

City/town

Province

Postal Code

Business Phone Number: _____ Fax No: _____

Email Address

1. Have you ever had any license or registration of any kind refused, suspended or revoked.

Yes No

If yes, give full particulars: _____

2.If you are applying for a non-practicing license please give statement that you will not be practicing optical dispensing in the Province during the registration year applied for:

3.Have you ever been convicted of any offence under any law of any Country, State or Province for which you have not been pardoned; or disciplined by any professional, occupational association or society? Yes No

4.If you are a Licensed Dispensing Optician do you have or are you covered under your place of Business, Liability Insurance coverage, in the amount of one million dollars, as set by resolution, by the College of Dispensing Opticians, for the full term of this renewal? Yes No Please provide copy of policy.

Name of Provider _____

DECLARATION – I certify that the statements made on this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or maybe cause for revocation of any registration, which may be granted me.

I hereby authorize the Nova Scotia College of Dispensing Opticians to verify with the appropriate sources any information given or supplied as part of this application.

Date of Application

Name of Applicant

Note: The Certificate of Employer of Sponsor must be completed before the application is submitted.

CERTIFICATE OF EMPLOYER

I _____ hereby certify that the information given by _____ in the foregoing application is to the best of my knowledge.

Date: _____ By: _____
Authorized Signature

Title

A. Annual renewal for certificate of registration of a Dispensing Optician	500.00
B. Annual renewal for certificate of registration of Contact Lens Fitter	550.00
C. Registration of a New Candidate as a Dispensing Optician	500.00
D. Registration of a New Candidate as a Contact Lens Fitter	200.00
E. Registration of an Advanced Candidate as a Dispensing Optician	500.00
F. Registration of an Advanced Candidate as a Contact Lens Fitter	300.00
G. Annual Student License Fee for Dispensing	50.00
H. Annual Student License Fee for Contact Lens	50.00
I. Annual Provisional License Fee	50.00
J. Annual Non-Practicing License Fee	50.00
K. Fee for late payment of fees	150.00
L. Fee for NSF cheques	25.00
M. Fee for replacement of receipt, Act or Regulations	10.00