

## ANNUAL RENEWAL FOR CERTIFICATE OF REGISTRATION 2020-2021

**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, 2020

Practicing License Requirements:	Non-Practicing License:
<p><b>1. Completed Registration Form</b></p> <p><b>2. Professional Development Credits</b> 8 for DO; 10 for CCLF, dated between January 1, 2019 – March 31, 2020. (only credits obtained in the last 3 months qualify to be carried over)</p> <p><b>3. Proof of Liability Insurance</b> (a copy of certificate is required)</p> <p><b>4. Renewal Fee.</b></p>	<p><b>1. Completed Registration Form;</b></p> <p><b>2. Professional Development Credits:</b> 8 for DO; 10 for CCLF, dated between January 1, 2019 – March 31, 2020. (only credits obtained in the last 3 months qualify to be carried over)</p> <p><b>3. Non-Practicing Fee.</b></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: \_\_\_\_\_ Gender: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ License Number \_\_\_\_\_

Name of Business/Employer: \_\_\_\_\_

Civic Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Supervisor Email Address: \_\_\_\_\_

**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 2020-21.

---

2. If you are a Licensed DO or CCLF do you have 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 2020-21? You may be covered by your Employer. If so, please indicate and provide a copy of the Employer's Certificate.

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