

APPLICATION FOR LICENSE OR REGISTRATION

**Fees are on page 3 of this form; payment by cheque or money order payable to the NSCDO. Thank you.*

FOR OFFICE USE ONLY	
Approved By:	Date:
License Type:	Fees Paid:
Insurance if Applicable:	
Receipt #:	License #:
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.
3. Student registrations must also include separate sponsorship agreement(s).

THE UNDERSIGNED APPLIES FOR A LICENSE OR REGISTRATION AS (Please check ✓)

- | | |
|--|---|
| <input type="checkbox"/> Dispensing Optician, New Candidate | <input type="checkbox"/> Contact Lens, New Candidate |
| <input type="checkbox"/> Dispensing Optician, *Advanced Candidate | <input type="checkbox"/> Contact Lens, *Advanced Candidate |
| <input type="checkbox"/> Dispensing Optician, Student | <input type="checkbox"/> Contact Lens, Student |
| <input type="checkbox"/> Dispensing Optician Student License Renewal | <input type="checkbox"/> Contact Lens Student License Renewal |
| <input type="checkbox"/> Provisional License | <input type="checkbox"/> Non Practicing License |

**Advanced Candidate has prior experience*

Surname of Applicant

Given Names

Residence of Applicant

Suite/Apt.

City/Town

Province

Postal

Home Phone Number

Mobile Number

Email address

Name of Business where you will be employed

Address of Business

City/Town

Province

Postal

Business Phone Number

Business Fax Number

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:
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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
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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 Nova Scotia College of Dispensing Opticians, for the full term of this renewal? Yes No

Name of Provider (please provide copy of policy)

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 may be 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

Signature of Applicant

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	525.00
B.	Annual renewal for certificate of registration of a Contact Lens Fitter	575.00
C.	Registration of a New Candidate as a Dispensing Optician	200.00
D.	Registration of a New Candidate as a Contact Lens Fitter	200.00
E.	Registration of an Advanced Candidate as a Dispensing Optician	525.00
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	75.00
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