

New Candidate Application for License or Registration Continued:

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

- Yes
- No

If yes, please provide full details:

2. 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

If yes, please provide full details:

3. 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 a copy of your policy.

New Candidate Application for License or Registration Continued:

DECLARATION

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. 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.

Signature: _____ Date: _____

CERTIFICATE OF EMPLOYER

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

By: _____ Date: _____
Authorized Signature

Title: _____

