

OUT OF PROVINCE APPLICATION FOR LICENSE OR REGISTRATION TRANSFER

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, coming from another Canadian Province, applies for a

License or Registration as (Please check all that apply):

- Dispensing Optician, Advanced Candidate \$525.00
- Contact Lens, Advanced Candidate \$575.00

(For a list of all fees please refer to our Fees Page.)

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