THE PRINCE EDWARD ISLAND COLLEGE OF OPTOMETRISTS PROVINCE OF PRINCE EDWARD ISLAND OFFICE OF THE REGISTRAR

APPLICATION FORM — TRANSFERRING OPTOMETRISTS
REGISTRATION AS AN OPTOMETRIST IN THE PROVINCE OF PRINCE EDWARD ISLAND

THE OPTOMETRY ACT 2014

PRINCE EDWARD ISLAND

COLLEGE of OPTOMETRISTS

A. Personal Information

Full Name:				
Date of Birth (MM / DD / YYYY):				
Permanent Address:				
City:	Province:	Postal Code:		
Where would you like us to mail your correspondence? Use the same address as above				
OR Use a different addess:				
City:	Province:	Postal Code:		
Primary Phone Number:				
Fax Number: Work Phone Number:				
E-mail Address:				
Language(s) Spoken:				
Are you able to work legally in Canada? Yes No				

List all jurisdictions in which you hold or have held a license or have practised.

1	Name of Optometry Institute:	
	Location of Institute:	
	Dates Attended (MM / DD / YYYY): Start Date:	End Date:
2	Name of Optometry Institute:	
	Location of Institute:	
	Dates Attended (MM / DD / YYYY): Start Date:	End Date:
3	Name of Optometry Institute:	
	Location of Institute:	
	Dates Attended (MM / DD / YYYY): Start Date:	End Date:
В	. Enclose a recent photograph of yourself:	
Please enclose a JPEG, JPG, PNG, TIFF, or PDF file with this application.		
C	. Criminal Record Verification	
Have you ever been convicted of any criminal offense or are you currently under investigation for any criminal wrong doing? Yes No		

Please submit a Canadian Police Information Centre (CPIC) Criminal Record Synopsis (CPIC check).

The applicant is responsible for paying all fees associated with obtaining and submitting a CPIC check to the College. If the applicant's name has changed while living in Canada the CPIC must be completed for the current name and all previous names. Results of the CPIC are to be sent from the police directly to the College. The results of a CPIC check must be dated within 6 months of the applicant being registered. If the applicant does not become registered within 6 months of the date the CPIC results were issued by the police, the applicant will need to submit an updated CPIC check.

D. Statutory Declaration

In the matter of my application to the Prince for academic approval for registration:	e Edward Island College of Optometrists
I, (Full Name)	
of (City / Town) in th	ne Province / State of
Do Solemnly Declare:	
that these documents present a true and achave accurately completed all questions on	ocuments submitted in support of my application, ccurate account of my qualifications, and that I this application; and I make this solemn declaration nowing that it is of the same force and effect as inada Evidence Act".
examination before the date of this declaration optometry Education Board of Canada examination	ed the Optometry Education Board of Canada tionOR- I have previously challenged the minations and I hereby list all of the previous ived approval to write the OEBC examinations.
Date (MM / DD / YYYY):	Sponsoring Province/State:
Date (MM / DD / YYYY):	Sponsoring Province/State:
Date (MM / DD / YYYY):	Sponsoring Province/State:
3. The PEI College of Optometry has my expension results from this or any attemption and the second	press permission to contact OEBC regarding OEBC pt.
Declared at (Name of Institute)	
in the Province/State of	
this (Day) day of (Mont	h) , (Year)
Sign here to give consent if printing docume Click here to give consent if completing onli	ent:ne: O I give consent

An application processing fee of \$300.00 is to be included with this application. It can be paid by sending an EFT to **peicollegeofoptometrists@gmail.com**, or It may be mailed to the Registrar's office:

Dr. Kelly Bowes, Registrar PEI College of Optometrists C/O Pathfinder Group 604 - 5657 Spring Garden Road Halifax, Nova Scotia, B3J 3R4

