**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: _____

Do you operate under a health corporation Yes ◉ No ○
If yes, what is the name of the corporation _____

## B. 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 Edward Island College of Optometrists for academic approval for registration:

I, (Full Name) _____

, of (City / Town) _____ in the Province / State of _____

**Do Solemnly Declare:**

1. That I am the person referred to in the documents submitted in support of my application, that these documents present a true and accurate account of my qualifications, and that I have accurately completed all questions on this application; and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

2. I hereby attest that I have never challenged the Optometry Education Board of Canada examination before the date of this declaration. -OR- I have previously challenged the Optometry Education Board of Canada examinations and I hereby list all of the previous dates and the province(s) from which I received 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 express permission to contact OEBC regarding OEBC examination results from this or any attempt.

Declared at (Name of Institute) _____

in the Province/State of _____

this (Day) _____ day of (Month) _____ , (Year) _____ .

Sign here to give consent if printing document: _____

Click here to give consent if completing online: ◉ I give consent

An application processing fee of $300.00 is to be included with thisapplication.
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

All supporting documents may be mailed to the college or emailed to
peicoregistrar@gmail.com

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