NSCDO
Nova Scotia College of DISPENSING OPTICIANS

APPLICATION FOR NON-PRACTICING

Please write clearly and legibly. If there is insufficient space, please provide additional information as an attachment.

PLEASE NOTE:

- **You must be a licensed Optician or Contact Len Fitter and be practicing for one full year before you are eligible to apply as non-practicing.**
- **A Non-Practicing license is renewable for 3 consecutive years.**

APPLICANT INFORMATION

APPLYING FOR A LICENSE OR REGISTRATON AS (PLEASE CHECK √)

☐ Dispensing Optician, Non-Practicing   ☐ Contact Lens Fitter, Non-Practicing

Full Name: _____   Date: _____
          Last   *First*

Address: _____
          Street Address   *Apartment/Unit #*

_____
          City   *Province*   *Postal Code*

Phone: _____   Email _____

1. Please give statement that you will not be practicing optical dispensing in the province during the registration year applied for:

_____

_____

_____

_____

Application for Non-Practicing Continued:

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

☐ Yes
☐ No

If yes, please provide full details:

_____

_____

_____

_____

_____

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

If yes, please provide full details:

_____

_____

_____

_____

_____

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:_____

Application for Non-Practicing Continued:

If applicable, please provide the following:

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: _____