



## OUT OF PROVINCE APPLICATION FOR LICENSE OR REGISTRATION

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

If you are applying for a **non-practicing license**, please complete a Non-Practicing Application for License or Registration.

### APPLICANT INFORMATION

#### APPLYING FOR A LICENSE OR REGISTRATON AS (PLEASE CHECK ✓)

Dispensing Optician

Contact Lens Fitter

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City Province Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### EMPLOYMENT

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Unit #*

\_\_\_\_\_ *City Province Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Out of Province 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:

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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:

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3. 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

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Please provide a copy of your policy.

**Out of Province 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: \_\_\_\_\_

