



ANNUAL RENEWAL FOR CERTIFICATE OF REGISTRATION

IMPORTANT: READ BEFORE COMPLETING THIS FORM
Please Print. Applications not legible or those incomplete will be returned.

For Office Use Only
Approved By: _____
Issued Date: _____
License Type: _____
License Number: _____ Receipt #: _____
8 Credits for Dispensing _____ C/O _____
10 Credits for Contact Lens _____ C/O _____

The Undersigned applies for a License Renewal as
(Please Check Applicable Box)

- Licensed Dispensing Optician (DO) \$525.00
- Licensed DO/ Certified Contact Lens Fitter (CCLF) \$575.00
- Non-Practicing License \$75.00

Please make Cheque or Money Order payable to the NSCDO. Late Fee: \$150.00 NSF Fee: \$25.00

ANNUAL REGISTRATION REQUIREMENTS MUST BE RECEIVED BY MARCH 31

Practicing License Requirements:	Non-Practicing License:
<p>1. Completed Registration Form 2. Professional Development Credits 8 for DO; 10 for CCLF, dated between January 1 of the previous year and March 31 of the current year. (only credits obtained in the last 3 months of a license year qualify to be carried over) 3. Proof of Liability Insurance (a copy of certificate is required) 4. Paid Renewal Fee.</p>	<p>1. Completed Registration Form; 2. Professional Development Credits: 8 for DO; 10 for CCLF, dated between January 1 of the previous year and March 31 of the current year. (only credits obtained in the last 3 months of a license year qualify to be carried over) 3. Paid Non-Practicing Fee. <i>Note: A non-practicing license will only be issued after 3 years experience and is renewable to a maximum of 3 consecutive years.</i></p>

For PD Credits: Did you sponsor a student in the past year: Yes: Name of student: _____

Registrant Information:

SURNAME: _____ FIRST NAME: _____ Year of Birth: _____ Gender: _____

HOME ADDRESS: _____

CITY/TOWN: _____

Postal Code: _____ Home Phone Number: _____

Email: _____ License Number: _____

Name of Business/Employer: _____

Civic Address _____ Postal Code: _____

Business Phone Number: _____ Supervisor Email Address: _____

Statements of Declaration:

1. If you are applying for a Non-Practicing License please give statement that you will not practice optical dispensing in this Province during the full term of this renewal year.

2. If you are a Licensed DO or CCLF do you have liability insurance coverage in the amount of at least one million dollars (\$1,000,000) as set by resolution for the Nova Scotia College of Dispensing Opticians, for the full-term of this renewal year? You may be covered by your Employer. If so, please indicate and provide a copy of the Employer's Certificate.

NOTE: Copy of Certificate Is Required

a) Name of Insurance Provider _____

b) Expiration Date of Policy _____

c) Is this coverage through OAC or your Employer? OAC ___ Employer ___

3. Are you currently subject to any disciplinary findings that would prohibit you from practicing Optical Dispensing? Regulations: Section 11(1)(a) Yes ___ No ___

If yes, please explain: _____

DECLARATION: I, the undersigned, hereby confirm the information presented to be correct to the best of my knowledge. I agree to abide by the Act and Regulations governing the License applied for. 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 authorize The Nova Scotia College of Dispensing Opticians to verify the information given or supplied as part of this application with the appropriate sources.

Signature of Applicant

Date of Application

Employer Verification Section:

If you are applying for a Practicing License, this section must be completed by your Employer before submitting your application.

Does this employee have liability insurance coverage by the Employer? Yes ____ No ____

I, _____ hereby certify that the information given by _____ on the attached application is correct to the best of my knowledge and belief.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____