



# Certificate of Standing

## SECTION 1 – CONSENT FOR RELEASE OF INFORMATION

**This Section is to be completed by the Applicant. A copy of this Consent for Release of Information is to be sent the regulatory authority (College, Board or Association) in every jurisdiction in which the Applicant has ever practised optometry or other health profession together with a copy of the attached Certificate of Standing.**

I, Dr. \_\_\_\_\_  
First Name Last Name

have applied to the College of Optometrists of Ontario for a Certificate of Registration in order to engage in the practice of optometry in Ontario.

The College of Optometrists of Ontario, as part of its registration process, requires that a Certificate of Standing form be completed by every jurisdiction in which I was licensed and/or engaged in the practice of optometry, or any other health profession. As most jurisdictions require my consent to release the requested information, I am hereby signing my permission to and irrevocably authorize and direct the

\_\_\_\_\_ [name of regulatory authority]  
to provide, at my expense, the information requested by the College of Optometrists of Ontario. I understand and accept that this means that you will be providing full disclosure of any and all information requested on the attached form or any additional information determined by the College of Optometrists of Ontario to be relevant to my application for registration.

I acknowledge that the College of Optometrists of Ontario has advised me that I have the right to obtain legal advice prior to executing this consent, and that I have either done so or have had sufficient opportunity to do so prior to executing this Consent for Release of Information. I am signing this document of my own free will, voluntarily and without coercion, having read it and having understood it.

IN WITNESS WHEREOF I have duly executed this Consent for Release of Information form this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ [printed name of Applicant]

\_\_\_\_\_ [signature of Applicant]

\_\_\_\_\_ [printed name of witness]

\_\_\_\_\_ [signature of witness]



**SECTION 2 – CERTIFICATE OF STANDING**

**This Section is to be completed by the regulatory authority and returned by the regulatory authority directly to the College of Optometrists of Ontario at the following address:**

College of Optometrists of Ontario  
6 Crescent Road, 2<sup>nd</sup> Floor  
Toronto, ON M4W 1T1

The \_\_\_\_\_  
[name of regulatory authority]  
records indicate the following information (where available) concerning:

Name: \_\_\_\_\_  
[first name] [last name]

Registration Number: \_\_\_\_\_

Current primary professional address: \_\_\_\_\_

**1. Registration Status**

(i) The Applicant has been registered / licensed in \_\_\_\_\_ from \_\_\_\_\_ (M/D/Y) to \_\_\_\_\_ (current or M/D/Y).

(ii) If the Applicant ceased to be a registered/licensed member, please specify the reasons below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) The Applicant currently holds or previously held  
a. a General Certificate / Licence from \_\_\_\_\_ (M/D/Y/) to \_\_\_\_\_ (current date or M/D/Y/).  
b. a Temporary Certificate / Licence from \_\_\_\_\_ (M/D/Y/) to \_\_\_\_\_ (current date or M/D/Y/).  
c. an Academic Certificate / Licence from \_\_\_\_\_ (M/D/Y/) to \_\_\_\_\_ (current date or M/D/Y/).

(iv) Does the Applicant have the authority to prescribe drugs in your jurisdiction?  
 YES  NO



(v) To the best of your knowledge, is or has the Applicant also been registered/licensed to practise of optometry or \_\_\_\_\_, or engaged in the practice of optometry or \_\_\_\_\_ in any other jurisdiction(s)?

YES  NO

If YES, please provide details below:

Jurisdiction	Registered/Licensed	
	From	To
	(M/D/Y)	(M/D/Y)
	(M/D/Y)	(M/D/Y)
	(M/D/Y)	(M/D/Y)

(vi) Is the Applicant in arrears of any fees or other monies owing to your organization?

YES  NO

If YES, please provide details below:

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(vii) Does the Applicant have or has the Applicant ever had any restrictions, terms, conditions or limitations on his or her Certificate/Licence?

YES  NO

If YES, please provide details below:

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(viii) Has the Applicant ever had his or her Certificate/Licence suspended, cancelled, revoked or struck off the Register/Roll?

YES  NO

If YES, please provide details below:

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2. Professional Conduct Record

i. Complaints

Has your organization ever received a formal complaint about the Applicant?

- YES       NO

If YES, please provide details of any investigations(s) that is/are in progress or have been completed by your organization with a decision, action or resolution being reached (including dismissing the complaint).

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ii. Discipline Proceedings

Has your organization ever initiated a discipline proceeding with respect to the Applicant?

- YES       NO

If YES, please provide details of any hearing(s) that is/are in progress or have been completed by your organization with a decision / action being issued (including dismissing the allegations) or that involved the Applicant's resignation.

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iii. Fitness to Practise (including physical ailment, mental health condition or addiction)

Has your organization ever initiated a fitness to practise hearing or inquiry with respect to the Applicant?

- YES       NO

If YES, please provide details of any hearing(s) that is/are in progress or have been completed by your organization with a decision / action being issued (including dismissing the allegations) or that involved the Applicant's resignation.

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iv. Quality Assurance Programs

Has the Applicant ever been the subject of a professional inspection other than regularly scheduled or randomly selected inspections?

- YES                       NO

If YES, please provide details of any inspection(s) that is/are in progress or have been completed by your organization with a decision / action being issued or that involved the Applicant entering into an Agreement or Undertaking with your organization.

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v. Continuing Education Requirements

Has the Applicant ever failed to be in compliance with your continuing education requirements?

- YES                       NO

If YES, please provide details of the nature of non-compliance and the action taken, if any.

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vi. Currency of Practice Requirements

Has the Applicant ever failed to be in compliance with your practice hours requirement?

- YES                       NO

If YES, please provide details of the nature of non-compliance and the action taken, if any.

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