



## Eye Care Delivery Under Review

### Minister seeks advice on TPAs, dispensing and refractometry

The Minister of Health and Long-Term Care, the Honourable George Smitherman, is asking questions about how eye health care is delivered in Ontario. Specifically, he has asked the Health Professions Regulatory Advisory Council (HPRAC) for advice regarding optometrists prescribing TPAs, dispensing as a controlled act, and opticians performing refractometry.

These issues are contained in two referrals to HPRAC. The College of Optometrists of Ontario is actively involved in the consultation for these referrals: the Optometry Project (the use of TPAs by optometrists) and the Opticianry Project (dispensing and refractometry).

The Optometry referral, as shared with members in the May 2005 issue of the *Bulletin*, is the Minister's request for advice regarding, "The currency of, and any additions to, the Council's recommendations in relation to optometrists prescribing therapeutic pharmaceutical agents."

The Opticianry referral encompasses the Minister's request for advice regarding, "Whether there is a risk of harm in dispensing eye wear and what aspects, if any, of this activity need to be controlled by the RHPA, whether refractometry is within the scope of practice of opticianry, and how standards should be set and measured for both of these activities."

As one of the key stakeholders concerned with these issues, the College has submitted a response to HPRAC for each of these referrals, focusing on the public interest aspect from the College's point of view. The College fully supports the Ontario Association of Optometrists' position that optometrists in Ontario should be authorized to prescribe TPAs. The College does not, however, support the Ontario Opticians Association, the Opticians Association of Canada and the College of Opticians of Ontario in their assertion that opticians should be authorized to perform refractometry and use the results to prescribe and dispense eyewear.

The Executive Summaries for each of the College's submissions are on pages 4 and 5 of this issue of the *Bulletin*. To read the College's submissions in their entirety, along with the submissions of other stakeholders, visit the HPRAC website at: [www.hprac.org](http://www.hprac.org)

The HPRAC consultation process is ongoing. The College has met with Courtyard Group, the consultants hired by HPRAC to facilitate information gathering from the various organizations concerned with these issues. Following this meeting, the College was invited by Courtyard to submit additional information and documentation in support of our position.

The outcome of these referrals could have a dramatic effect on the profession of optometry in Ontario. We will keep you informed as the HPRAC referral process moves forward.

### Upcoming Events

#### Council Meeting

September 21, 2005  
Toronto, ON

#### Jurisprudence Seminar and Examination

October 5-6, 2005  
Toronto, ON

#### CSAO Examination

October 26-30, 2005  
Waterloo, ON

#### Conflict of Interest Round Table Discussion

November 3, 2005  
Markham, ON

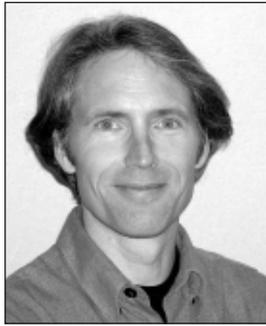
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# A Word from the President

## What does it mean to protect the public interest?

“To serve and protect the public interest.” This is the duty imposed by the *Regulated Health Professions Act* on the College of Optometrists and, in fact, on all of the health regulatory colleges. But what does it really mean?



Mark Teeple, O.D., President

Part of the answer is certainly to ensure that those who access optometric services do, indeed, receive care only from competent optometrists. This is accomplished in part through the registration process; the authority to practise is granted only to those who have achieved the requisite training and demonstrated the knowledge, skill and judgment needed to maintain the standards of practice of the profession. Ongoing competence is assured through the quality assurance program – optometrists are required to continue to advance their knowledge, clinical skills, and patient management abilities throughout the course of their career.

These are traditional activities for colleges and they accomplish what they were designed to do. However, lately I have been wondering if the current model for delivery of eye care is sufficient to provide the level of service and protection that the public interest deserves. Or do current challenges require a new approach?

Some members of the public do not, or cannot, access the full scope of optometric care our members are capable of providing. First, there are regulatory barriers. In North America, the vast majority of optometrists have the authority to prescribe drugs for the treatment of ocular disease. In Ontario, we are still fighting for that authority. The Ontario Association of Optometrists, the School of Optometry, the Vision Institute of Canada and the College have all made strong submissions to the Health Professions Regulatory Advisory Council in favour of expanding the scope of practice of optometry to include prescribing therapeutic pharmaceutical agents (TPAs).

The College believes that the public interest demands this expansion in scope. I think it is fair to say that every optometrist practising in Ontario today experiences difficulty obtaining appointments for patients who require referral to an ophthalmologist, not just occasionally but on a regular basis. Many of these referrals would not be necessary with an expanded scope of practice that includes prescribing drugs for the treatment of ocular disease.

A second barrier to access is the rate at which OHIP reimburses optometrists for insured services. While we recognize that OHIP negotiations fall within the purview of the Ontario Association of Optometrists, we are hearing from more and more practitioners that the OHIP fee does not cover the cost of providing the services it insures. In addition, OHIP-insured patients may need additional tests or services not covered by OHIP. Unless those patients are able and willing to pay for these assessments, they lose access to the full complement of eye health services they need and that optometrists are able to provide.

It would be unconscionable for the College to sit back and not take a position on this issue. Accordingly, we have taken every opportunity to make suggestions and express our concerns to the OHIP General Manager and the Ministry of Health and Long-Term Care. While these actions have not yet resulted in change, I am confident that the Ministry will realize that the status quo is contrary to the public interest. The solution to the problem of under-funding is not simple. Cooperative and honest discussions employing creative thinking will be needed to establish the framework for equitable access to healthcare for all Ontarians.

Another barrier to access to optometric services seems to be the general public's lack of information and understanding of what optometrists do and why we do it. The College applauds the Canadian Association of Optometrists' public education campaign emphasizing the importance of periodic eye health examinations. In addition, the College provides financial support to the Federation of Regulatory Health Colleges' public education

**“Do current challenges (in eye care delivery) require a new approach?”**

campaign designed to help the public recognize the value and role of regulated health care providers, including optometrists. As a

member of the College, you also have a role to play in communicating to patients the importance of early (prior to 12 months of age) and regular complete eye examinations.

Speaking of communication, a communications survey has been included in this issue of the *Bulletin*. The College is asking for your feedback to determine the effectiveness of present communication endeavours and identify areas for improvement. One goal of the current strategic plan is to have members view the College as an open and helpful source of information and advice. Improved communication, both speaking and listening, is key to achieving this goal. Thank you in advance for completing the survey; feel free to call the College any time if you have a comment or question.

And finally, I'll offer one last comment on the challenges of protecting the public interest in our current environment. You will recall that the College prosecuted an optician in the Hamilton Court for unauthorized prescribing. This optician was directed by the Court to cease the practice of prescribing and dispensing eyewear on the basis of refraction performed in his stores and in the absence of a valid prescription from an

optometrist or physician. The College has obtained substantial evidence that not only is the practice continuing, but that the ruling of Justice Harris is being openly flaunted. Stand-alone refraction has potential for serious harm to the public. Accordingly, the College has filed an application for contempt of court against this practitioner.

Challenging times for those who would speak out in defense of the public interest!

*Mark Teeple, O.D.*

## Registrar's Report

### The role of members in self-regulation

Self-regulation implies member involvement. Over the next year, the College will be challenging all members and other stakeholders to provide input into the regulatory process for our profession.



*Murray J. Turnour, O.D., Registrar*

Amendments to several important regulations are being “queued up.” Part of the regulation making or amending process requires the College to circulate proposed draft regulations to members and other stakeholders for at least sixty days. The purpose of this consultation is to solicit input and allow for comments from affected parties.

Following the circulation period, the comments will be considered by the College committee that initiated the proposed change. Based on the comments, the committee may make changes to the draft regulation for clarity of wording and to ensure that it appropriately protects the public. Then the proposed regulation will be re-considered by Council. If Council agrees that the regulation is in the public interest, it will be sent to the Ministry of Health and Long-Term Care with a request that it be passed by the government and brought into force.

What are these important regulations you will be invited to consider? First will be the Conflict of Interest Regulation. This is the regulation that controls who optometrists may associate with in practice, and how billings must be presented to patients. While the provisions of this regulation may have been appropriate when it was passed in the 1970s, times have changed. The College has been working toward changes for more than a decade.

I am pleased to report that the Ministry of Health and Long-Term Care has just released its revised guidelines for conflict of interest regulations. These guidelines represent the public interest principles against which every college's conflict of interest regulation will be measured.

To assist you in understanding the proposed changes to the College's Conflict of Interest Regulation, we are producing a video tutorial on DVD that will explain the principles behind the Ministry's guidelines and show how those principles have been applied in our proposed regulation. A package of material including the DVD will be sent to you in mid-September.

What other proposed regulation changes are being queued up for member feedback? Council has directed circulation of an

**“I am pleased to report that the Ministry of Health and Long-Term Care has just released its revised guidelines for conflict of interest regulations.”**

amendment to the Registration Regulation that will clarify the entry to practice requirements for some internationally trained optometrists. That consultation is expected to commence early in 2006. Council has also directed

circulation of a proposed regulation that would clarify that optometrists are authorized to use ultrasound in their practices.

Council believes that passage of these three regulations is significant to the College's ability to protect and promote the public interest. You have an important role to play in this process and we look forward to receiving your comments on all of these issues as they are released over the next few months.

*Murray J. Turnour, O.D., M.Sc.*

# The HPRAC Optometry Project

## Prescribing Therapeutic Pharmaceutical Agents

*The following is the Executive Summary to the submission made by the College to HPRAC with regard to the Optometry Project: Prescribing Therapeutic Pharmaceutical Agents (TPAs).*

The College of Optometrists of Ontario supports the proposal put forward by the Ontario Association of Optometrists to expand the scope of practice of optometrists to include the authority to prescribe TPAs from a number of categories of drugs prescribed by regulation. We believe that this expansion will serve the interest of the public by providing improved access to safe,

There are opportunities to improve the efficiency of our healthcare system by improving the effectiveness of the health professionals who work within it.

ethical, high quality primary vision care.

One of the objectives of the RHPA is to provide access to a range of qualified healthcare professionals from which

patients may choose to receive services. We believe that allowing optometrists to prescribe TPAs is in keeping with that objective. Research points to a shortage of physicians and specialists across Ontario; requiring patients to see another primary healthcare provider to obtain a prescription for a TPA to treat a condition that has been diagnosed by an optometrist is an unnecessary duplication of services. Authorizing optometrists to prescribe TPAs will significantly reduce the burden on ophthalmologists and family physicians relating to the management of diseases and common conditions requiring primary vision care.

When optometrists' scope of practice is expanded to include the authority to prescribe TPAs, the College will set entry to practice and continuing competency requirements and develop standards of practice that appropriately and effectively protect the public.

There are opportunities to improve the efficiency of our healthcare system by improving the effectiveness of the health professionals who work within it. Optometrists

currently have the statutory and regulatory duty to assess, diagnose and treat patients with eye diseases. Allowing them to use their knowledge, skill and judgment to provide safe, high quality patient care within an expanded scope of practice that includes the authority to prescribe TPAs will improve their effectiveness within the healthcare system and benefit the public of Ontario.

# The HPRAC Opticianry Project

## Dispensing/Refractometry

*The following is the Executive Summary to the submission made by the College to HPRAC with regard to the Opticianry Project: Dispensing/Refractometry.*

The legislated scope of practice of optometry includes “the diagnosis, treatment and prevention of ... disorders of refraction”. The controlled acts authorized to the profession include “prescribing and dispensing subnormal vision devices, contact lenses and eye glasses. For these reasons, the College feels well qualified to provide its perspective to HPRAC on the Minister’s referral.

The College believes that there is a variable risk of harm in dispensing eyewear and supports the proposition that dispensing of eyewear should remain a controlled act under the RHPA.

Common to all types of dispensing are risks of harm.

Common to all types of dispensing are risks of harm, including financial,

emotional and physical harm, if the prescription for the eyewear is not properly dispensed. The College believes that the public interest is best served if dispensing of subnormal vision devices, contact lenses and eye glasses are continued to be controlled acts under the RHPA and are authorized to opticians, optometrists and physicians.

Refractometry, or the measurement of how the eye bends light to focus it onto the retina, is not a controlled act under the RHPA. The College is concerned about the missed pathologies that will result if prescribing eyewear is allowed to occur separate and apart from comprehensive eye health examinations. Accordingly, the College believes that the public interest is best served if refractometry is performed under the direct supervision of optometrists or physicians.

# Conflict of Interest

## New consultation process for proposed regulation

This Fall the College Ethics Committee will be asking you to review and comment on a proposed new Conflict of Interest Regulation. This Regulation could have a significant impact on your practice and your feedback is important.

The College is developing a DVD tutorial explaining the various facets of the proposed regulation. The DVD will be sent to all members as one part of an information package that will include the current Conflict of Interest Regulation, the proposed Regulation, and a discussion document that explains the proposed changes and the rationale for them. The DVD will provide practical examples of what the proposed changes will mean to your practice.

### Members invited to Round Table discussion

The circulation of an information package and DVD will allow all members to participate directly in the consultation process, however, the College doesn't want to lose the value to be gained from face-to-face interaction with members. To that end, you are invited to attend a "Round Table" discussion with the Ethics Committee (see sidebar). This will be your opportunity to ask questions and discuss the proposed changes. The Committee has chosen to hold this session on the evening of November 3, 2005 at the Hilton Suites in Markham where the Vision Institute will be holding their Annual Fall Seminar and Trade show the next day. We value your contribution to the Round Table discussion and will ask that any comments you have about the proposed Conflict of Interest Regulation as a result of your participation be submitted to the College in writing.

### CE credit available

After reviewing the Conflict of Interest material sent to you by the College, you may choose to provide your feedback by responding to a few brief questions included in the package. Two hours of continuing education credits will be offered to members who send the College a written response to those questions, along with a nominal fee. More details will be provided in the information package you receive.

For more information about the consultation process, please contact Dr. Paula Garshowitz at email: [complaints@collegeoptom.on.ca](mailto:complaints@collegeoptom.on.ca)

## Conflict of Interest Round Table Discussion

You are invited to attend an open meeting to discuss proposed changes to the College's Conflict of Interest Regulation:

November 3, 2005  
7:30 – 9:30 p.m.  
Primrose Room  
Hilton Suites Toronto/Markham  
Conference Centre and Spa  
8500 Warden Avenue  
Markham, ON

### All members are welcome!

Light refreshments will be served.

*You are not required to register in advance for this event. However, we would appreciate it if you let us know if you plan to attend by contacting Ms. Louise Kassabian at email: [registration@collegeoptom.on.ca](mailto:registration@collegeoptom.on.ca)*

## Privacy Matters: Records Management

Managing clinical records is an important part of the optometrist's responsibilities and obligations under current privacy legislation and the *Optometry Act*. Regulations governing management of clinical records apply not only to the optometrist's own records, but also to any records that he or she may have agreed to hold on behalf of a colleague who has moved, retired or passed away.

The following scenarios describe situations and questions related to records management that have come from College members in the last few months.

**Occasionally I get a call from an optician asking for a patient's prescription information. Since the optician is providing a service to my patient as part of the healthcare team, am I obliged to share the prescription information?  
Can I charge a fee?**

You may, for the purposes of providing health care, give information to a health professional from the patient health record [O.Reg. 119/94, section 11.(5)]. However, you are not required to share prescription information with an optician simply because the optician requests it.

If you choose to share the patient's prescription information with the optician, you may provide the information without express consent from your patient (the patient is not required to sign a release for this sharing of information). As a health information custodian, you are entitled to assume that you have the patient's

implied consent to disclose personal health information for the purposes of providing health care, unless the patient has expressly withheld or withdrawn consent. [PHIPA 2004, c. 3, Sched. A, s. 20 (2)].

**In general, if your patient has asked for a copy of his or her patient health record, you are required to provide it.**

If your patient is requesting that you share prescription information with an optician and you have already provided a prescription to the patient, you may charge the patient a

reasonable fee for the provision of a duplicate prescription. If you have not previously provided a prescription to the patient, the first copy of the prescription must be provided to the patient on request as one of the services provided in the oculo-visual assessment.

**A year ago, a colleague of mine passed away and I agreed to act as custodian of her patient files as a favour to her family. Her patients were told to contact me if they wanted a copy of their file or to have the file transferred to another practitioner. So far, I've heard from just over half of her patients and I'm holding on to several boxes of files for patients who haven't contacted me yet. How long do I have to keep these files? Some of these patients seem to have conditions that need monitoring. What are my obligations towards these patients?**

Patients expect their record to be where they last saw their doctor. You indicate that attempts were made to let your colleague's patients know where to access their file, but it's possible not all of the patients received the information, and it's possible that others chose to see a new optometrist without having their file transferred. You are required to keep these patient files for 10 years following the patient's last visit to your colleague, or for 10 years after the patient would have become 18 years of age.

You have no responsibility other than providing access to the patient's clinical record. You agreed to act as custodian of the patients files, you did not take on these individuals as patients. You may choose to contact those individuals for whom you are still holding a clinical record to remind them of the location of their patient file and the importance of regular eye exams, however you are not obliged to do so.

**A patient has asked me for a copy of her clinical record. I've been seeing this person for many years and the file is huge. Is it OK if I provide a summary of the information in the file or do I have to copy the whole clinical record? Can I charge for providing this service?**

In general, if your patient has asked for a copy of his or her patient health record, you are required to provide it. You may provide a summary of the record only if the patient agrees that the summary will be sufficient. With regard to charging for this service, you may require a reasonable fee to be paid before providing copies from a patient health record. [O.Reg. 119/94, Part IV, section 11.(3)].

**If it comes to my attention that a patient of mine has passed away, can I destroy the patient's clinical record or am I still obliged to hold on to it for 10 years?**

Regardless of the reason an individual ceases to be an active patient, you must treat all patient records the same under the regulations. The files of deceased patients must be kept for 10 years following the patient's last visit, or for 10 years after the patient would have become 18 years of age.

**My office is filling up with patient files. In the interest of saving space, can I destroy that part of a patient's file that is more than 10 years old and just keep the more current information?**

The patient's clinical record must be kept in its entirety. You may not dispose of any part of a patient file unless the individual has been an inactive patient for 10 years or more.

Over time, some patient files may become cumbersome to store. You should be aware that you are not required to store all of your patient files in your optometric office. Patient files may be stored off-site as long as they are stored securely, the off-site location is in your control, and you have easy access to the files. If a patient, the patient's representative or an authorized College investigator or assessor requests a copy of the patient's file, you must be able to provide it in a reasonable timeframe. Inactive patient files, files of deceased patients and portions of large files for current patients may be kept in this way.

**How should I dispose of patient files? If an unauthorized person somehow gets access to them, what's my liability?**

In the June 2005 *Medical Post* (Vol. 41, No. 24), it was reported

**Patient files may be stored off-site as long as they are stored securely, the site is in your control, and you have easy access to the files.**

that a garbage bag containing patient names, addresses and OHIP numbers was found by an Ottawa homeowner on his driveway. It goes without saying that this represents a serious breach of confidentiality.

Under the *Optometry Act*, it is considered professional misconduct to allow any person to examine a patient health record except as required by law. The *Personal Health Information Protection Act* states that, "A health information custodian shall ensure that the records of personal health information that it has in its custody or under its control are retained, transferred and disposed of in a secure manner and in accordance with the prescribed requirements, if any." [2004, c. 3, Sched. A, s. 13 (1).]

When, in accordance with the regulations, you are disposing of patient files, the College recommends destroying the files by shredding them before disposal. Improper disposal of patient information could result in allegations of professional misconduct, and if you are found guilty of wilfully disposing of personal health information in contravention of section 13 of *PHIPA* (quoted above), you may be fined up to \$50,000 as an individual practitioner, or up to \$250,000 as a corporation.

# Other News in Brief

## Communications Survey

Communication with members is an important part of how the College carries out its mandate. We need to ensure that you receive the information you need, when you need it, in a format you are able to use.

We have included a Communications Survey as an insert to this copy of the *Bulletin*. The survey is designed to gather your feedback on your level of satisfaction with the College's current communications to determine what is working and identify areas that need improvement. Please take a few minutes to complete this questionnaire and let us know what you think. Individual responses will be kept confidential and compiled results will be reported in a future edition of the *Bulletin*. Please return your completed survey to the College by Wednesday September 21, 2005.

## Reminder re: CE hours

You are reminded that all members are required to obtain a minimum of sixty (60) credit hours of continuing education (CE) during every three-year cycle. The current cycle runs from January 1, 2003 to December 31, 2005. If you obtain more than the required number of hours you may carry forward a maximum of twenty (20) hours to the next cycle.

If you are looking for a CE opportunity before the end of this year, you may wish to consider the College's *Professionalism and Professional Ethics* continuing education program. This convenient home study program consists of an overview of professionalism and ethical decision-making and includes seven case studies. You will be asked to answer questions based on the case studies using the answer sheet provided and return it to the College with a cheque for \$96.30 (\$90.00 plus GST). Members who complete the program receive 6 hours of continuing education credits from the College. If you are interested in enrolling in this program, please contact Ms. Louise Kassabian at email: [registration@collegetoptom.on.ca](mailto:registration@collegetoptom.on.ca) for a program package.

## Have you registered your practice name?

You are reminded that, in compliance with the *Ontario Business Names Act*, you must register your practice name with the Ministry of Consumer and Business Services. For further information or to obtain a registration form, please contact:

Ministry of Consumer and Business Services Companies Branch  
393 University Ave., Suite 200  
Toronto, ON, M5G 2M2  
Tel: (416) 314-8880 or Toll Free: 1-800-361-3223  
[www.cbs.gov.on.ca](http://www.cbs.gov.on.ca)

Please note that the name you choose must be in compliance with the practice names section of the Professional Misconduct Regulation [O.Reg. 859/93, s. 2.(1), (2) and (3)].

## Congratulations Graduates!

The College extends its congratulations to the 60 graduates who were awarded the degree of Doctor of Optometry at the University of Waterloo School of Optometry convocation on June 17, 2005.

Dr. Linda Bathe, College Vice President, and Dr. Murray Turnour, Registrar, were proud to participate in the graduation awards ceremony that took place the day before the convocation, presenting awards to several high-performing graduates. The J.C. Thompson Memorial Prize for Optometry was presented to Dr. Andrew Wear, the College of Optometrists of Ontario General Proficiency Medal was awarded to Dr. Carla Clarke, and the Canadian Contact Lens Society Prize was awarded to Dr. Carmela Giocoli.

In addition, the Dr. Irving Baker Excellence in Clinical Optometry Scholarship was awarded to Dr. Kirsten Dukelow. Dr. Dukelow is only the second recipient of this award, established by the College in 2004 to recognize Dr. Baker's significant contribution to the profession of optometry and the public of Ontario.

Congratulations to all the graduates, and best wishes for a long and successful career!



Dr. Linda Bathe, Vice President (left), presents the Dr. Irving Baker Excellence in Clinical Optometry Scholarship to Dr. Kirsten Dukelow (right)

## Dr. Emerson Woodruff remembered

After a long illness, Dr. Merrill Emerson Woodruff, O.D., M.A., Ph.D., of Waterloo passed away on May 8, 2005.

Dr. Woodruff graduated from the College of Optometry in Ontario in 1950. In 1967 he accepted the posts of Associate Professor of Optometry and Director of Clinics at the University of Waterloo School of Optometry.

As Clinic Director, Dr. Woodruff became part of a faculty team that introduced several innovative concepts such as mobile and satellite clinics. Dr. Woodruff was particularly interested in improving the delivery of optometric care to infants and children.

Dr. Woodruff's academic excellence was widely recognized. Over the years, he received many academic awards, scholarships and research grants. He retired from the University of Waterloo in 1990.

In memory of Dr. Woodruff, the College has made a donation to the Dr. Emerson Woodruff Graduate Scholarship in Vision Science at the University of Waterloo School of Optometry.

## College welcomes summer student

There has been a new face at the College this summer. Ms. Karen Feng, a student at the University of Waterloo School of Optometry, has been helping staff at the College with a variety of projects and research reports. It's been a busy, busy summer (the summer 'lull' no longer seems to exist!) and Karen has been a valuable member of our team. Karen is entering the 3rd year of the Optometry Program in the fall – we wish her luck but we will miss her!

## Privacy brochure available

You will notice that this issue of the *Bulletin* includes a number of inserts from the office of the Information Privacy Commissioner (IPC). The brochure, "*In Our Office*," is designed to assist health information custodians to carry out their responsibilities under the *Personal Health Information Protection Act*. It was developed as a joint project of the IPC, the Ontario Bar Association Privacy and Health Law sections, the Ministry of Health and Long-Term Care and the Ontario Dental Association. On behalf of the IPC, the College is using this issue of the *Bulletin* to distribute a complimentary poster, brochure and an order form you may use to request additional brochures from IPC. Plain copies are also available for downloading from the IPC website: [www.ipc.on.ca](http://www.ipc.on.ca)

## Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



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