



TPAs in Ontario: Update

Necessary regulations are in the works

With the passage of the *Health System Improvements Act*, which includes amendments to the *Optometry Act* related to prescribing therapeutic pharmaceutical agents (TPAs), Ontario optometrists are now one step closer to having the authority to prescribe TPAs. This step has been a long time coming but there is still more work to be done.

The new authorized act in the *Optometry Act* is "prescribing drugs designated in the regulations." Before our members may actually begin prescribing drugs, regulations designating the drugs that may be prescribed must be put in place. The College is currently working with the Ministry of Health and Long-Term Care to ensure that these regulations meet the public interest and the Ministry's expectations. As with all proposed regulation changes, these draft regulations must be circulated to members for comment for at least 60 days before they are sent to Council for approval and subsequently submitted to the Ministry.

Ontario optometrists are one step closer to having the authority to prescribe TPAs. This step has been a long time coming but there is still more work to be done.

We are very aware that members are anxious to include TPAs in their practice and we are heartened by the number of calls we have received from members inquiring about the courses they need to take in order to meet the College's TPA Education Policy (published in the Summer 2007 edition of the Bulletin and available on the College website: www.collegeoptom.on.ca). We encourage members to contact CE providers directly for information regarding when 100-hour comprehensive and 20-hour refresher courses will be available.

For those members who have already taken courses to meet the TPA Education Policy, hold on to your certificates! You will be asked to provide proof of having met the TPA Education Policy at a later date.

Upcoming Events

Council Meeting
September 24, 2007
Toronto, Ontario

Jurisprudence Seminar and Exam
October 1-2, 2007
Toronto, Ontario

CSAO Exam
October 13-17, 2007
Waterloo, ON

RoadShow 2007
Sept. 7-8 Dryden
Sept. 14 North Bay
Sept. 15 Stoney Creek
Oct. 19 London
Oct. 20 Windsor
Oct. 26 Toronto
Oct. 27 Barrie
Nov. 9 Hamilton
Nov. 10 Waterloo
Nov. 17 Ottawa

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A Word from the President

Guidance is a tricky business

The theme for this edition of *A Word from the President* came to me while listening to Richard Steinecke during his presentation, “The Only Constant is Change – Recent Developments in Health Law” at the June Council meeting. Mr. Steinecke is a lawyer specializing in health regulatory law. He spent over two hours outlining changes to privacy regulations and the RHPA as well as recent court decisions that deal with record keeping and human rights. As Mr. Steinecke spoke, it occurred to me that Council had charged the Clinical Practice Committee with an awesome task developing the Optometric Practice Reference (OPR). And Council now has the responsibility of keeping this document up to date and relevant as a resource for Ontario optometrists.



Linda Bathe, O.D., President

“Now that every optometrist in Ontario has a copy of the OPR, Council is committed to making it a living document.”

Each topic in the OPR includes the applicable *regulatory standards*, *professional standards* and *clinical guidelines*. Regulatory standards are found in legislation such as the *Regulated Health Professions Act* and the *Optometry Act*. Changes to regulatory standards can be frustratingly slow in Ontario. These are the “must do’s”. Professional standards describe what a *prudent practitioner* would do. They are determined by professional education, publications and court decisions, and they are moving targets. These are the “usually do’s”. Clinical guidelines describe best practice and evolve with new clinical and scientific knowledge and technology. They are the “great to do’s”.

Now that every optometrist in Ontario has a copy of the OPR, Council is committed to making it a living document. If this document prompts discussion, maybe even arguments, it will be quite elegant that this discourse will be part of the evolution of those ever changing professional standards. The Clinical Practice Committee will conduct an ongoing review of the contents of the OPR and

I would encourage members to submit their input for the Committee’s consideration any time an issue arises. Changes to the OPR will be presented to Council for approval and, when accepted, they will be distributed to members. To facilitate more timely communication with members, the OPR will also be accessible online. We hope to make it as user friendly as possible.

Also in the realm of “tricky business” is conflict of interest (COI). After numerous circulations of our proposed COI and related Professional Misconduct Regulations, members are well aware of, and ready for, the changes approved by Council. These amendments were submitted to the Ministry in the spring. However, until the government brings the new regulations into force, **the College must enforce the current regulations**. Despite an encouraging meeting in mid-July with the Ministry of Health and Long-Term Care, having the regulations brought into force may be slow considering the ongoing legal analysis, including a constitutional review, answering stakeholder concerns and a provincial election thrown in for good measure. Council continues to believe the proposed changes strike the appropriate balance between public protection and fairness to members and we will do our best to expedite the process.

And now here is the good news. Bill 171, the *Health System Improvements Act*, part of which changed the *Optometry Act 1991* to add the authorized act of “prescribing drugs designated in the regulations,” received Royal Assent on June 4, 2007. The Act also gives the College the power to develop regulations dealing with this expansion of our scope of practice. The Clinical Practice Committee (very busy people) and the College’s legal counsel are working quickly with the hope that a draft regulation will be ready to be presented to Council at our September meeting and circulated to our members and stakeholders shortly afterwards. Our focus, as always, will be the public interest which in this case means writing a regulation that ensures patients in Ontario have access to the full scope of optometric care in a timely manner.

Now back to Mr. Steinecke’s presentation. Watch this and future Bulletins for updates on privacy law, mandatory reporting under the RHPA, record keeping and human rights issues that are relevant to your practice. I bet you can’t wait!

Well, the sun is on the dock and the breeze is lovely on a beautiful Sunday afternoon. I think the lake is calling my name. I hope summer finds you all well and able to get out of your exam rooms and into the great outdoors.

Linda Bathe, O.D.

Registrar's Report

Online Annual Reports: the future is now!

I am pleased to let our members know that the College is in the process of implementing a system for online Annual Report submissions and fee payments – and about time, too!

The College has been growing steadily since it was established in 1919 and now has more than 1500 members. The procedures for updating member information and processing fee payments each year have always been manual and, until recently, we managed just fine. However, as our membership continues to grow we have reached a point where the management of these processes puts a considerable strain on staff resources. In the last couple of years, it has become apparent that the College needs a more efficient process that will make better use of staff resources while ensuring that the membership database is maintained with the highest degree of accuracy.

The College is implementing a web portal solution so that any member with access to the Internet will be able to go online to provide the College with their Annual Report information and pay their fees. Members will also be able to use their secure “member’s only” login to access and update their practice information at any time during the year, resulting in a more accurate and up-to-date Register.

Which brings us to another of the many reasons why now is a good time to be making a move to this online environment. With the passage of the *Health System Improvements Act*, the College is required to expand the public portion of the Register and make it available on our website in less than two years. Subject to certain restrictions, the new Register will include:

1. Each member’s name, business address and business telephone number and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. The name, business address and business telephone number of every health profession corporation.
3. The names of the shareholders of each health profession corporation who are members of the College.



Murray J. Turnour, O.D., Registrar

4. Each member’s class of registration.
5. The terms, conditions and limitations that are in effect on each certificate of registration.
6. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee (currently the Complaints Committee) to the Discipline Committee and has not been finally resolved, until the matter has been resolved.
7. The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, unless a panel of the relevant committee makes no finding with regard to the proceeding.
8. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member’s suitability to practise, made against the member, unless the finding is reversed on appeal.
9. A notation of every revocation or suspension of a certificate of registration.
10. A notation of every revocation or suspension of a certificate of authorization.
11. Information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies shall be included.
12. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
13. Where, during or as a result of a proceeding, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

As part of the development of the online annual reporting module, we are laying the groundwork now for this expanded public Register.

“The College is implementing a web portal solution so that any member with access to the Internet will be able to go online to provide the College with their Annual Report information and pay their fees.”

We are hopeful that by providing online service and developing a stronger online presence for the College, members will be encouraged to visit our website more frequently for information and updates on College initiatives. It is the first step towards more dynamic interaction with our members and we look forward to growing this capacity in future.

For those of you who are averse to online transactions, we hope to be able to provide you with a preview of the new system well before the end of the year so you may familiarize yourself with it and, hopefully, feel comfortable using it. If, however, we are unable to convince you, rest assured that we will continue to accept paper-based Annual Report submissions and fee payments by cheque.

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

Continuing Education

Council approves clarified policy

At the Council meeting of June 13, 2007, Council approved an updated Continuing Education (CE) Policy. The CE requirements have not changed; the updated policy simply clarifies what those requirements are.

Participation in Continuing Education

One component of the Quality Assurance Program is mandatory continuing education (O. Reg. 119/94). Each member is required to participate in a minimum of **sixty (60)** credit hours of continuing education related to the maintenance of his/her standards of practice or continuing competence from an organized program of learning during every three-year cycle. The current cycle runs from **January 1, 2006 to December 31, 2008**. The College considers an organized program of learning to be a structured learning experience that is presented as a group lecture, a group or individual workshop, or as a text-based or an electronically provided course.

The CE policy recognizes two categories of continuing education. Members are required to obtain a minimum of 40 credit hours of Category A continuing education with the remaining 20 hours being either Category A or B continuing education. New members will be required to complete a pro-rated number of hours based on the number of complete years remaining in the reporting cycle following the year they register. For instance, members registered in the first year of the three-year cycle must obtain 40 credit hours and members registered in the second year of the three-year cycle must obtain 20 credit hours. Members registered in the third year of the three-year cycle have no requirements to obtain credit hours for the remainder of the cycle. The number of credit hours that must be obtained from Category A and B providers, respectively, is in the same ratio as specified in this policy for 60 credit hours.

Category A Providers:

In order for a CE provider to be considered for inclusion in Category A, it must be:

- a Canadian or American national, provincial or state optometric association or regulator;
- a Canadian or American school or college of optometry, or an accredited university in another health discipline;
- a not-for-profit optometric organization where the primary goal of the organization is to provide or promote optometric educational opportunities or provide clinical care; or
- any other provider in the provision of COPE-approved CE.

Category A Continuing Education:

The College recognizes that a Category A provider can provide either Category A or Category B CE. A Category A educational opportunity must meet the following criteria:

- It must be directly provided by a Category A provider.
- It must not be directly sponsored by a commercial entity. However, commercial entities can provide sponsorship money to an event held by a Category A provider but not to directly pay for a speaker, the venue etc. Evidence of sponsorship (i.e. advertising) can be present on a trade show floor or outside a lecture hall but not within the lecture/workshop itself.
- Qualifications of presenter must be disclosed.
- Presenters must disclose any potential conflicts of interest.
- Material presented must have scientific and educational integrity.
- It must have an outline that demonstrates consistency with the course description and reflects the course content.
- A course handout listing the course outline and objectives must be provided to all participants either electronically or through hard copies.
- The provider must control access to the lecture/workshop to ensure that attendees are present for the entire program, with reasonable exceptions.
- Groups that have restricted memberships must also allow non-members the opportunity to participate in courses offered. The non-members should be charged an appropriate fee as determined by the provider of the course.
- A participation verification certificate must be issued and must indicate:
 - o the name and address of the participant;
 - o certificate of registration number;
 - o location and date of the course;
 - o course title;
 - o name of the instructor(s);
 - o name of the provider;
 - o the number of CE hours awarded (note: one credit hour is equal to 50 minutes with each course being a minimum of 1 credit hour and additionally in half hour increments); and
 - o an authorized signature or symbol of verification.

Category A equivalence:

The College recognizes the following as equivalent to Category A CE:

- Graduate studies in optometry or a related health discipline: one full year of full-time graduate studies is equivalent to 60 CE hours; one year of part-time studies is equivalent to 20 hours.
- Residency at an ACOE-accredited school: one full year of residency training is equivalent to 60 CE hours.
- Faculty Appointment at an ACOE-accredited school – an

appointment as a full-time faculty member is equivalent to 20 credit hours per year. An appointment as a part-time faculty member is equivalent to a pro-rated 20 credit hours per year.

- Fellowship in the American Academy of Optometry – is equivalent to 30 hours during the cycle the fellowship is awarded.
- Diplomate of the American Academy of Optometry – is equivalent of 60 hours during the cycle that the diplomate is awarded.
- Publication of an article in a refereed optometric journal is equivalent to 10 hours.
- Publication of a case report in a refereed journal is equivalent to 2 hours.
- Lectures given for optometric education are equivalent to 3 credit hours – each lecture may be counted one time only.
- Appointment as a Clinical Supervisor at an ACOE-accredited school is equivalent to 7 hours of continuing education credit per academic year.
- Supervising Optometrist in an extern rotation for students from ACOE-accredited schools – one rotation in an academic term is equivalent to 7 hours to a maximum of 21 hours in a CE cycle.
- Participation in the Canadian Standard Assessment in Optometry (CSAO):
 - o Clinical Assessor: 1 credit hour per two hours spent assessing or training to assess candidates for the CSAO to a maximum of 20 hours per three-year period.
 - o Question Author: 1 credit hour per question accepted to the database to a maximum of 20 hours per three-year period.
 - o Question Item Selector: 1 credit hour per two hours spent selecting questions for the examinations to a maximum of 20 hours per three-year period.

Category B Continuing Education:

The remaining 20 credit hours may be obtained from ANY provider. Category B credit hours represent participation in an organized program of learning that is relevant to a member's maintenance of his/her standards of practice and/or continuing competence.

A participation verification certificate must be issued and must indicate:

- the name and address of the participant;
- certificate of registration number;
- location and date of the course;
- course title;
- name of the instructor;
- name of the provider;

- number of CE hours awarded (note: One credit hour is equal to 50 minutes with each course being a minimum of 1 credit hour and additionally in half hour increments); and
- authorized signature or symbol of verification.

Category B equivalencies:

The College recognizes the following as Category B credit hours:

- Study Groups: The College will accept one CE credit hour for each study group meeting. Study Group guidelines and the Report Form can be found on the College website.

CE Credit Carry Forward

A member who has earned more than 60 hours in a continuing education cycle (and only in that cycle) may carry forward up to 20 hours to the next continuing education cycle. The following three examples illustrate this:

Example 1

CE cycle 2000-2002: carry forward 20 hours
CE cycle 2003-2005: earned hours - 60 hours
CE cycle 2006-2008: 0 carry forward hours credited

Example 2

CE cycle 2000-2002: carry forward 20 hours
CE cycle 2003-2005: earned hours 80 hours
CE cycle 2006-2008: 20 carry forward hours credited

Example 3

CE cycle 2000-2002: carry forward 20 hours
CE cycle 2003-2005: earned hours - 45 hours
Member meets requirements for CE cycle 2003-2005
CE cycle 2006-2008: 0 carry forward hours credited

Reporting of Continuing Education activities:

Reporting by members of their continuing education activities will be completed on the Annual Report. It is the responsibility of the member to claim only credit hours that represent an organized program of learning and are relevant to the maintenance of his/her standards of practice and/or continuing competence. Members will be advised of how many hours of CE they have reported on the second and third Annual Report to be completed in each cycle. The Regulations under the *Optometry Act* require the Registrar to refer members who fail to acquire the required number of CE credit hours to the Quality Assurance Committee for a practice assessment.

Random CE Audits

The College will randomly select members at the conclusion of each three-year reporting cycle to determine the accuracy of reporting. Accordingly, all members are encouraged to retain proof of continuing education activities for at least six months after the completion of a reporting cycle.

Complaint Summary:

Responsibility for the efficacy of a prescription

From time to time, the College receives a complaint in which it is alleged that an optometrist has refused to take responsibility for an incorrect prescription. When reviewing such an allegation, the Complaints Committee considers the optometrist's examination of the specific patient, their counsel to the patient and any actions undertaken in response to the patient's concern.

The Complaint

The complainant stated that an optometrist examined his daughter's eyes and issued her a prescription for eyeglasses. His daughter said that when she wore the new glasses, the vision in her right eye was blurry. Two weeks following the first examination, she returned to the optometrist for a second examination. At the end of the second examination, she was issued a new prescription with a stronger power for the right eye. The complainant stated that the optometrist's explanation for the change in prescription was either that the patient had given incorrect answers during the first examination or her prescription had actually changed during the two weeks between the examinations. The complainant said that his daughter has worn glasses for several years and had not had any problems in the past obtaining an accurate prescription.

The Optometrist's Response

In response to the complaint, the optometrist said that the patient presented wearing multi-focal lenses. The optometrist determined that a new prescription was needed for distance. With the new distance prescription, the optometrist determined that the patient could see well for reading, however she wrote the prescription giving the patient the option of purchasing multi-focal lenses as she had worn in the past. The patient's father chose to have the prescription filled for distance only. When the patient reported blurred vision with the new glasses, the optometrist re-examined her and found a change in the prescription. The optometrist could not explain why the patient's prescription had changed. She did not believe it was a mistake on her part and that it may have been due to an actual change in the patient's refractive error. The optometrist stated that she had issued what she found to be the correct prescription at the time.

The Committee's Review

The Committee reviewed the clinical record of the care provided to the patient by the optometrist and had a number of concerns. The optometrist did not record any binocular vision findings even though she prescribed multi-focal lenses for a binocular vision problem.

Accordingly, there appeared to be no clinical basis for the optometrist's determination that the patient should be given a multi-focal prescription. The Guide to the Practice of Optometry states, "The issuing of a prescription to a patient is based upon clinical information, analysis and diagnosis." The Committee was concerned that the optometrist's treatment recommendation of multi-focal lenses was not based on clinical findings and sound clinical judgement.

The Committee was also concerned that the optometrist had not taken responsibility when the resultant prescription was ineffective for the patient and they agreed it was inappropriate for her to claim that the myopia had changed in two weeks. Optometrists should be open-minded; if the data doesn't make sense, then further investigation should be considered. Accordingly, the Committee would expect the optometrist to conduct further investigation, such as a cycloplegic examination, or ask the patient to return at another time to determine the consistency of the clinical results.

The Decision

Prior to the decision being finalized, the Committee asked the Registrar to determine if the optometrist would be willing to voluntarily enter into an Undertaking and Agreement with the College to work with a coach, at her cost, to review refraction and binocular vision techniques and case analysis. The Committee acknowledged that the optometrist had agreed to undertake this remediation activity.

In addition, the Committee issued a caution to the member. A caution is intended to be educational for the member. It also serves as a warning that future complaints of a similar nature will be considered in light of the opportunity for change that the Committee has provided. In this case, the Committee cautioned the optometrist to:

- (i) provide a complete examination including binocular vision findings and apply those findings in the final analysis and treatment recommendations;
- (ii) record all findings in the clinical record;
- (iii) make treatment recommendations based only on clinical findings which support those choices; and
- (iv) take responsibility for her treatment recommendations to patients.

The Committee believes that both aspects of their decision protect the public interest.

Other News

Optometry Awards Celebrate Excellence

On June 12, 2007, the University of Waterloo School of Optometry celebrated excellence with their annual Graduation Awards Ceremony. The College was pleased to participate and Dr. Linda Bathe, President, presented the following awards:

- **J.C. Thompson Memorial Award:**

Dr. Shamroze Khan

- **College of Optometrists of Ontario General Proficiency Medal:**

Dr. Valerie Shoemaker

- **Canadian Contact Lens Society Prize:**

Dr. Julie Dean

- **Dr. Irving Baker Excellence in Clinical Optometry Scholarship:**

Michael Sebastian

Congratulations to all the award winners and the Class of 2007 graduates!

Personal health information on mobile devices

In the last issue of the Bulletin, members were informed that the Information and Privacy Commissioner (IPC) had issued a press release stating that all health information custodians should invest in proactive measures to protect personal health information stored on mobile computing devices such as laptop computers. In June 2007, the IPC published a brochure for professionals that outlines suggested best practices for securing mobile devices (PDAs, laptops, etc.) and protecting the information carried out of the workplace on them. Steps are organized into sections: *Before you Walk out of the Workplace*, *While you are Out* and *When You have Completed Your Work*. For more information or a copy of the brochure, visit the IPC website at www.ipc.on.ca/images/Resources/up-mobilewkplace.pdf

Fall RoadShow – hold the date!

This fall, the College is presenting RoadShow 2007: Towards Excellence in Optometric Care. The seminar will take place in a number of locations across Ontario and will introduce members to the new Optometric Practice Reference (OPR) and include practice advice related to records management. Members who attend the seminar will receive six hours of Category A CE credit. Catering will be included.

The Roadshow presentation will include:

- **College Update:** The status of new and proposed regulation changes.
- **Optometric Practice Reference:** The Clinical Practice Committee will introduce the new standards and guidelines document that outlines what the College expects of you in your clinical care.
- **Record Keeping:** The Quality Assurance Committee will discuss the creation and maintenance of your clinical records. This 'defensive driving' course will help you document the excellent care you are providing and help keep you out of trouble!

For more information and registration, please visit the College website: www.collegeoptom.on.ca, or contact Ms. Hanan Jibry at (416) 962-4071 ext. 29 or email: qa@collegeoptom.on.ca.

Unauthorized practice update

The College continues to pursue the contempt of court action against Bruce Bergez et al. of Great Glasses. In 2003, the College obtained a court order requiring this Hamilton optician to cease dispensing spectacles on the basis of Eyelogic® test results and without a valid prescription. With evidence that the prohibited activity has continued, the College initiated a contempt of court action. We expect to have a court date this month and we will provide members with additional information as it becomes available.

College of Optometrists of Ontario Council and Committee Members 2007-2008

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Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



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