PRACTICE LOCATION/ CHANGE OF INFORMATION FORM
COLLEGE OF OPTOMETRISTS OF ONTARIO
65 St. Clair Ave. E., Suite 900, Toronto, Ont. M4T 2Y3 Phone: 416 962 4071 Fax: 416 962 4073

Name of Optometrist ________________________ Registration # ________________________

Primary Office

Please complete all questions

Address: …………………………………………………………………………………………………………………………………..

City: ……………………………………………….. Province: …………………………………………..
Postal Code: ……………………………….. County: …………………………………………..
Country: …………………………………….. Starting Date: ………………………………. mm/dd/yyyy

Phone: (..........) ……………………………….. Fax: (..........) ……………………………..

Your days at this location:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Client Age Range:
 Paediatrics (under 18 years)  Adults  Seniors (65 years and up)  All ages  Not applicable

Practice Setting:
 Solo Practice Office  Group Practice Office  Hospital  Rehabilitation Facility  Residential/Long-term Care Facility  Client’s Environment  Community Health Centre  Family Health Team  Independent Health Facility  Assisted Living Residence/Supportive Housing  Group Health Centre  Nurse Practitioner Led Clinic  Post-secondary Educational Institution  Children Treatment Centre  Mobile Imaging Centre  Other Place of Work  Association/Government/Regulatory Org./Non-Government Org.

Employment relationship:  Permanent  Temporary  Casual  Self-employed

Primary Role:
 Owner/Operator  Service Provider (e.g. Associate)  Administrator  Consultant  Instructor/Educator  Manager  Quality Management Specialist  Salesperson  Researcher

Employment Status:
 Full-time  Part-time

Services provided at this location:
 ADP Authorizer  Automated Visual Fields  Binocular Vision training  Contact Lens Therapy  Corneal Topography  Digital Retinal Imaging  Home Visits  Infant Examinations (0 – 24 months)  Institution Visits  Low Vision Therapy  Occupational Safety Eyeware  Optical Coherence Tomography/Retinal Tomography  Orthokeratology  Pre-School Children (2 – 5 years)  Punctal Occlusion  Refractive Surgery Co-management  Spectacle Therapy  Sports Vision  Visual Perception Testing and Therapy  Wheelchair Access (to premises)  Wheelchair Accessible Eye Exams

List of Names of regulated health professionals with whom you are associated, in partnership or otherwise?

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Second Office

Address: ..............................................................................................................................................

City: ......................................................... Province: .........................................................
Postal Code: ................................................. County: .........................................................
Country: ..................................................

Starting Date: ........................................ mm/dd/yyyy

Phone: (...........) ................................. Fax: (...........) .................................

Your days at this location:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Employment relationship:

- Permanent
- Temporary
- Casual
- Self-employed

Employment Status:

- Full-time
- Part-time
- Casual

Primary Role:

- Owner/Operator
- Service Provider (e.g. Associate)
- Administrator
- Consultant
- Instructor/Educator
- Manager
- Quality Management Specialist
- Salesperson
- Researcher

Client Age Range:

- Paediatrics (under 18 years)
- Adults
- Seniors (65 years and up)
- All ages
- Not applicable

Services provided at this location:

- ADP Authorizer
- Automated Visual Fields
- Binocular Vision training
- Contact Lens Therapy
- Corneal Topography
- Digital Retinal Imaging
- Home Visits
- Infant Examinations (0 – 24 months)
- Institution Visits
- Low Vision Therapy
- Occupational Safety Eyeware
- Optical Coherence Tomography/Retinal Tomography
- Orthokeratology
- Pre-School Children (2 – 5 years)
- Punctal Occlusion
- Refractive Surgery Co-management
- Spectacle Therapy
- Sports Vision
- Visual Perception Testing and Therapy
- Wheelchair Access (to premises)
- Wheelchair Accessible Eye Exams

Practice Setting:

- Solo Practice Office
- Group Practice Office
- Hospital
- Rehabilitation Facility
- Residential/Long-term Care Facility
- Client’s Environment
- Community Health Centre
- Family Health Team
- Independent Health Facility
- Assisted Living Residence/Supportive Housing
- Group Health Centre
- Nurse Practitioner Led Clinic
- Post-secondary Educational Institution
- Children Treatment Centre
- Mobile Imaging Centre
- Other Place of Work

List of Names of regulated health professionals with whom you are associated, in partnership or otherwise?

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Please complete all questions  
Name: ____________________________  
Registration #: ____________

Third Office

Address: ........................................................................................................................................................................................................

City: .................................................................  Province: .................................................................

Postal Code: ............................................................  County: .................................................................

Country: .................................................................  Starting Date: ......................................................  mm/dd/yyyy

Phone: (...........) .................................................................  Fax: (...........) .................................................................

Your days at this location:  
☐ Monday  
☐ Tuesday  
☐ Wednesday  
☐ Thursday  
☐ Friday  
☐ Saturday  
☐ Sunday

Employment relationship:  
☐ Permanent  
☐ Temporary  
☐ Casual  
☐ Self-employed

Primary Role:  
☐ Owner/Operator  
☐ Service Provider (e.g. Associate)  
☐ Administrator  
☐ Consultant  
☐ Instructor/Educator

Employment Status:  
☐ Full-time  
☐ Part-time  
☐ Casual

Client Age Range:  
☐ Paediatrics (under 18 years)  
☐ Adults  
☐ Seniors (65 years and up)  
☐ All ages  
☐ Not applicable

Practice Setting:  
☐ Solo Practice Office  
☐ Group Practice Office  
☐ Hospital  
☐ Rehabilitation Facility  
☐ Residential/Long-term Care Facility  
☐ Client’s Environment  
☐ Community Health Centre  
☐ Family Health Team  
☐ Independent Health Facility  
☐ Assisted Living Residence/Supportive Housing  
☐ Group Health Centre  
☐ Nurse Practitioner Led Clinic  
☐ Post-secondary Educational Institution  
☐ Children Treatment Centre  
☐ Mobile Imaging Centre  
☐ Other Place of Work  

Services provided at this location:

☐ ADP Authorizer  
☐ Automated Visual Fields  
☐ Binocular Vision training  
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☐ Punctal Occlusion  
☐ Refractive Surgery Co-management  
☐ Spectacle Therapy  
☐ Sports Vision  
☐ Visual Perception Testing and Therapy  
☐ Wheelchair Access (to premises)  
☐ Wheelchair Accessible Eye Exams  
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