

RETURN TO PRACTISE FORM

Members returning to practise in Ontario, must complete and submit all information, as required on this form, directly to the College of Optometrists of Ontario.

Name: _____ Registration Number: _____
[first name] [last name]

Date Returning to Practise: (MM/DD/YYYY) _____

Direct Patient Contact Hours

It is a condition of a certificate of registration that you must provide a minimum of 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which you were first registered. Each year, on the annual renewal report, you will have reported the number of patient contact hours you provided in Canada.

In order to determine if you have met this condition, please indicate the number of hours of patient care you have provided in Canada in the current calendar year: _____

If you have not provided a minimum of 750 hours of care in Canada in the past 3 years, you will be required to undergo a practice assessment with the Quality Assurance Program in order to return to practise in Ontario.

Statement of Good Standing

Is there any current proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding against you, in any other jurisdiction in which you are currently licensed? NO YES

If YES, please provide details below:

Signature of Member

Date

Additional Information

Before returning to practise, you are required to provide the College with the following information:

1. **Complete the Practice Location/Change of Information form** and return it to the College. (The Practice Location/Change of Information form may be found on our website under Resources, Forms and Fees)
2. **Professional Liability Insurance** -You must provide proof that you are insured against professional liability, in accordance with the College by-laws (Section 21).
(The by-laws can be found on the College website under Governance/Legislation and By-Laws)
3. **Payment of an Administration Fee of \$118.65 (includes HST) along with the pro-rated membership fee** – refer to the Non-Practising Fee Administration Policy.
(This Policy can be found on the College Website under members/Professional Practice/Policies & Guidelines)

FOR COLLEGE USE ONLY:

Quality Assurance:

Database Staff: _____ REQUIREMENTS MET
 REACTIVATION DATE (mm/dd/yyyy): _____