

CANADIAN ORTHOPTIC COUNCIL

CANADIAN ORTHOPTIC CERTIFICATION EXAMINATION APPLICATION 2017

All application information must be **clearly printed** or **typewritten**

Personal Information

Salutation: Ms _____ Miss _____ Mrs _____ Mr _____

Surname/Family name: _____

Given/First names: _____

Name Exactly As You Would Like It To Appear On Any Issued COC Certificate:

Mailing Address effective through July 2017 (Postal Box or Street Address)

_____ Suite/Apt.Number _____

City _____ Province _____

Country _____ Postal Code _____

Area Code & Cell Phone Number _____

Area Code & Telephone Number _____

Preferred E-mail Address _____

Alternate E-mail Address _____

EDUCATION

University _____ From: _____ To: _____

Degree _____ Other Special or Technical Training

Orthoptic Teaching Centre _____

Address _____

Director of Program _____

Date of Admission to Program _____ Date of Conclusion _____

EMPLOYMENT

Prior Employment in Eye Care (if applicable) _____

Present (or prospective) Position in Orthoptics _____

Employer's Address _____

LANGUAGE PREFERENCE FOR WRITTEN EXAMINATION

I would like to take the written examination in English French

RELEASE OF INFORMATION

The Canadian Orthoptic Council (COC) is committed to protecting confidential and/or proprietary information related to applicants; certificants; and the examination development process. The COC will not disclose any confidential certification exam information unless authorized in writing by the individual or as required by law. Personal information submitted by applicants/certificants with an application for initial certification or recertification is considered confidential. The names of certified individuals are not considered confidential and may be published by COC. Published information may include name, city, province or state, country and certification status. An online registry of COC certificants is provided to the public on the COC website (www.orthopticscanada.org)

- Authorization for Release of COC Exam Pass/Fail Results to Program Directors

By signing this document, I _____ (name) hereby authorize the Canadian Orthoptic Council's Chief Examiner to disclose/release my pass/fail results on the COC's written, oral and practical examinations to _____ (the name of the Program Director of your teaching centre) for the purposes of determining their programs graduates certification outcomes. Those persons who receive your pass/fail results are required by federal privacy laws (such as Personal Information Protection and Electronic Documents Act (PIPEDA) to protect it and may not share your information with others without your permission. You may opt out of this release any time prior to one week before the scheduled COC written examination by writing the Canadian Orthoptic Council's Chief Examiner and requesting a release from this authorization.

Candidate's Signature

Date

- Authorization for Release of Information on Exam Strengths and Weaknesses to Program Directors

By signing this document, I _____ (name) hereby authorize the Canadian Orthoptic Council's Chief Examiner to disclose/release my areas of strengths and weaknesses (no grades) on the Council's written, oral and practical examinations to _____ (the name of the Program Director of your teaching centre) for the purposes of determining their programs graduates outcomes. To protect the confidentiality of the COC certification exam and ensure it is not compromised, specific exam questions will not be disclosed. Those persons who receive your areas of COC exam strengths and weaknesses results are required by Federal privacy laws (such as Personal Information Protection and Electronic Documents Act (PIPEDA) to protect it and may not share your information with others without your permission. You may opt out of this release any time prior to one week before the scheduled COC written examination by writing the Canadian Orthoptic Council Chief Examiner and requesting a release from this authorization.

Candidate's Signature

Date

- Authorization for Release of Information to The Canadian Orthoptic Society (TCOS)

I hereby agree to allow the Canadian Orthoptic Council to release my name after the Council's written, oral and practical examinations to the Canadian Orthoptic Society (TCOS) for the **sole** purpose of the granting of the TCOS Achievement Award, should I be the candidate with the overall highest mark on the Canadian Orthoptic Council's certifying examination.

Candidate's Signature

Date

**Failure to sign under condition 1,2,3, or all three will be understood by the Council that you do not wish to have the relevant information released to the above named parties and that wish will be respected.*

EXAMINATION ACCOMMODATIONS

Exam accommodations may be approved to reduce or remove barriers as a result of a disability, and/or other protected characteristics listed under Canadian human rights legislation. Accommodations are considered on a case-by-case basis and vary depending upon the barriers identified by the individual challenging the exam.

Candidates must submit their written request along with their application to challenge the COC examination. The request can detail and may include but is not limited to the following items:

- a clear statement of the nature of the disability and its severity;
- a clear and concise description of the accommodation(s) requested;
- supporting documentation, from a healthcare or counseling professional which:
 - indicates an assessment was done on the candidate; and when
 - describes details of the disability including a diagnosis; and it's onset
 - describes the candidate's current functional limitation;
 - any letters of support for the request for specific accommodations made by the candidate

All medical and supporting documentation submitted will be kept confidential by the COC, and will be used for the purpose of assisting the COC in determining the suitable accommodations necessary for the candidate, if any.

The final decision regarding an accommodation request lies with the COC President, in collaboration with the COC Chief Examiner and Exam Committee. In making their decision, the COC must ensure that granting the accommodation request will not compromise the validity and integrity of the certification exam.

ACKNOWLEDGEMENT OF PROFESSIONAL PRACTICE

I accept the Canadian Orthoptist Scope of Practice Document, the Canadian Orthoptist Ethic Statement and the requirements for certification and recertification set forth by the Canadian Orthoptic Council as a Guideline of Professional Practice. I agree that the certificate issued to me remains the property of the Canadian Orthoptic Council and that I may hold it while in good standing with the Council, based on compliance with the provisions of this agreement and with the policies adopted from time to time by the Council. I understand that the certificate can be revoked if, in the judgement of the Council, I am no longer in good standing.

Candidate's Signature

Date

Print Name

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE TEACHING CENTRE:

I, Director of the Training Center where this candidate is still enrolled do certify that, at the time of signing, the candidate has satisfactorily performed in his/her course of study in Orthoptics at our Training Centre duly accredited by the Canadian Medical Association (or in some circumstances by the Canadian Orthoptic Council). The candidate is aware and agrees that this endorsement can be withdrawn if the course of study in Orthoptics is not fully and satisfactorily completed.

Signature of Program Director in Orthoptics

Signature of Candidate

Date: _____

Deadline for application to the exam is January 21st 2017. Please complete the form and send with a cheque* for the non-refundable exam fee of \$200.00 Canadian Dollars (\$300.00 for internationally trained orthoptists (see Note)), payable to the Canadian Orthoptic Council to:

Dr. Louis-Etienne Marcoux
Secretary – Treasurer
c/o The Canadian Orthoptic Council
115 Sask. Cres. W.
Saskatoon, Sask.
S7M 0A2
Canada

Note: If the syllabus has been purchased from the Canadian Orthoptic Council then the exam fee is reduced by the price of the syllabus.

**If you wish to pay with a credit card arrangements can be made by contacting the administrative coordinator of COC ann.haver@orthopticscanada.org*