

**CANADIAN ORTHOPTIC COUNCIL**

ANNUAL RECERTIFICATION FEE for 2017 **\$100.00**

**Please update the following information, sign and return the entire page**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Telephone(w): \_\_\_\_\_ FAX : \_\_\_\_\_

Telephone(h) \_\_\_\_\_ E-mail: \_\_\_\_\_

Correspondence: English \_\_\_\_\_ Français \_\_\_\_\_

If you require proof of certification, please check here

I allow my name and demographic information to be sent to The Canadian Orthoptic Society Yes  No

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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*\*If a copy of these documents is required contact the COC at the address below or email: info@orthopticscanada.org*

I actively practice Orthoptics as outlined in the Canadian Orthoptist Scope of Practice Document

Yes (Witness signature required)  No (No witness signature required)

Witness\*\* \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*\*\*Witness signature must be by your employer (or designate of your employer) – by signing the individual attests that he/she knows the applicant, verifies the signature and attests that the orthoptist actively works ethically and professionally within the Canadian Orthoptist Scope of Practice*

Please remit your payment of \$100 and this form by November 15, 2016 to: (After November 15 \$150.00, after December 31 \$200.00)

Canadian Orthoptic Council  
Attn: Ann Haver  
115 Sask. Cres. W.  
Saskatoon, Sask. S7M 0A2

**If payment is not received by COC by Dec 31 2016 you will not be on the public list of certified orthoptists.**