

CANADIAN ORTHOPTIC COUNCIL

ANNUAL RECERTIFICATION FEE for 2018 \$100.00

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

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

Telephone(w): _____

Telephone(h) : _____ E-mail: _____

Correspondence: English _____ Français _____

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 _____

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 (Scope of Practice Document available on the COC website (www.orthopticscanada.org))*

Please remit your payment of \$100 and this form by November 15, 2017 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 2017 you will not be on the public list of certified orthoptists. (if you wish to pay via credit card please contact ann.haver@orthopticscanada.org)