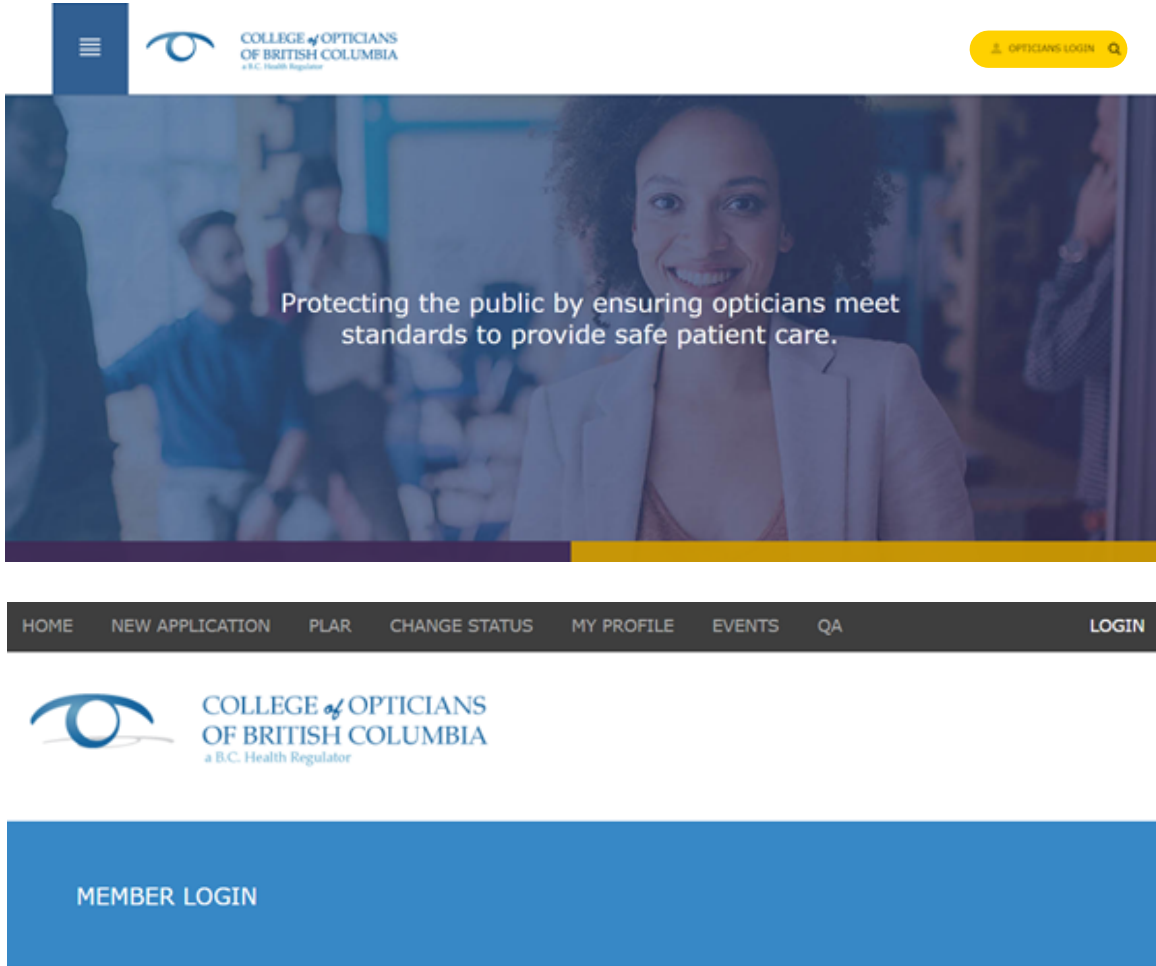


How to Renew Your License

Thank you for renewing your license with the College of Opticians of BC. The steps below will help make this process easier.

Step 1: When renewal opens each year, login to your profile. You can find the login button at the top right hand corner of the home page on the COBC website, at www.cobc.ca.



User ID:

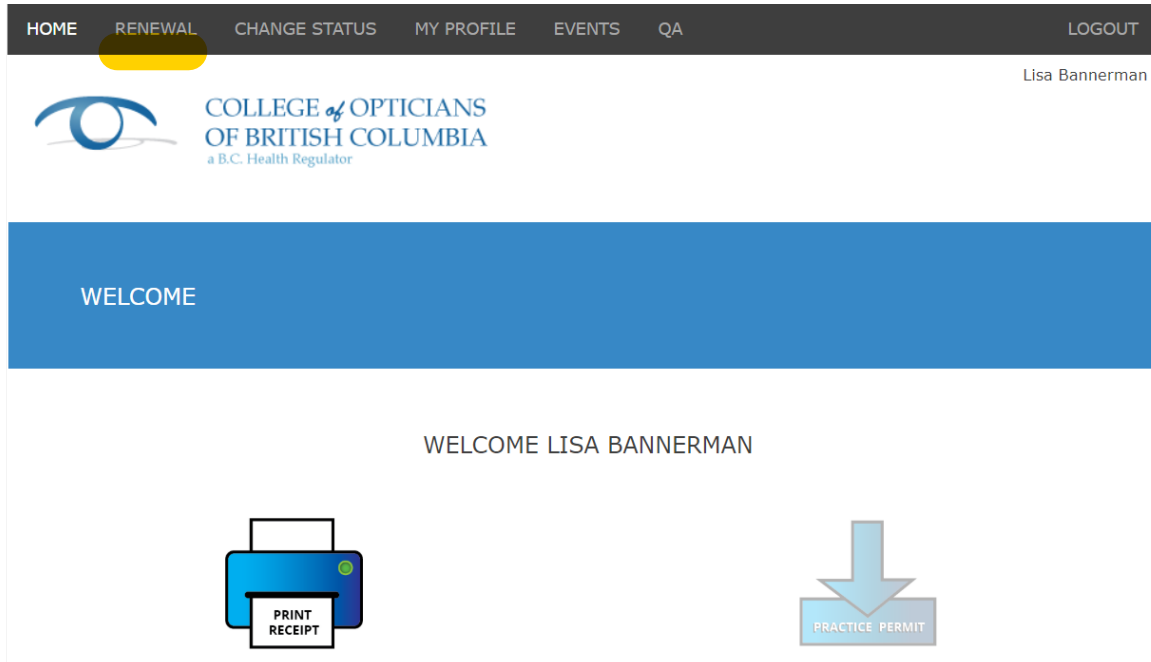
Password:

Registration/License #:

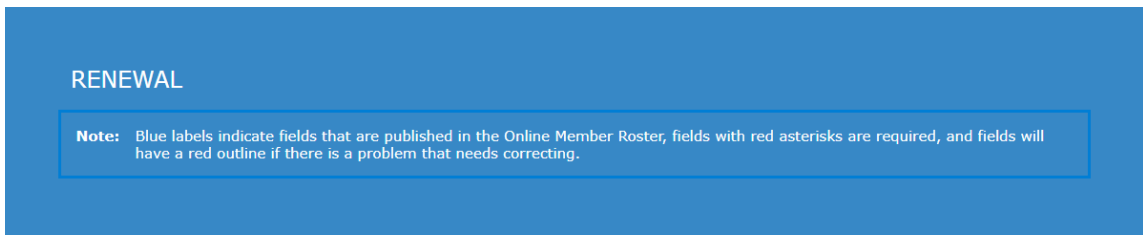
[Change Password](#)

[Forgot User ID and/or Password](#)

Step 2: In the top left hand corner, you will see a tab for Renewal. Click this to take you to the renewal portal.



Step 3: Ensure your personal details are present and correct.



[Frequently Asked Questions regarding Registration](#)

<ul style="list-style-type: none">PersonalResidenceBusinessPreferencesDeclaration of ConductValidation & Submission	<p>Surname:* <input type="text" value="Bannerman"/> 1st Given Name:* <input type="text" value="Lisa"/></p> <p>2nd Given Name: <input type="text"/></p> <p>3rd Given Name: <input type="text"/></p> <p>Preferred Name: <input type="text"/></p> <p>Existing License #: <input type="text" value="7007"/></p> <p>Date of Birth:* <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/></p> <p>Country of Birth:* <input type="text" value="Canada"/></p> <p>State or Province of Birth: <input type="text" value="(optional)"/></p> <p>Gender: <input type="text" value="(select)"/></p> <p>Languages Spoken:* <input type="text" value="English"/></p>
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Step 4: Check that your residential correspondence details are current and update anything that is not. **It is your responsibility to keep these details present and correct.**

RENEWAL

Note: Blue labels indicate fields that are published in the Online Member Roster, fields with red asterisks are required, and fields will have a red outline if there is a problem that needs correcting.

[Frequently Asked Questions regarding Registration](#)

- Personal
- Residence**
- Business
- Preferences
- Declaration of Conduct
- Validation & Submission

Residence Address #1

[EDIT this residence address](#) [DELETE this residence address](#)

Address:
City:
Province/State:
Country:
Postal Code/Zip:
Phone:
Cell:
International #:
Email: lbannerman@cobc.ca

ADD AN ADDITIONAL ADDRESS

< PREVIOUS

NEXT >

Step 5: Check that your business correspondence details are current and update anything that is not. **It is your responsibility to keep these details present and correct.**

RENEWAL

Note: Blue labels indicate fields that are published in the Online Member Roster, fields with red asterisks are required, and fields will have a red outline if there is a problem that needs correcting.

[Frequently Asked Questions regarding Registration](#)

- Personal
- Residence
- Business**
- Preferences
- Declaration of Conduct
- Validation & Submission

Business Address #1

[EDIT this Work Location](#) [DELETE this Work Location](#)

Company:
Address:
City: Vancouver
Province/State: British Columbia
Country: Canada
Postal Code/Zip:
Phone:
Cell:
Fax:
International #:
Email:
Business URL:

Step 6: Please select BOTH your preferred email and mailing address. We will use this information to know which addresses to use when contacting you.

RENEWAL

Note: Blue labels indicate fields that are published in the Online Member Roster, fields with red asterisks are required, and fields will have a red outline if there is a problem that needs correcting.

[Frequently Asked Questions regarding Registration](#)

Personal	Preferred Mailing Address:*	Residence ▾
Residence	Preferred Email Address:*	Residence ▾
Business		
Preferences	< PREVIOUS	NEXT >
Declaration of Conduct		
Validation & Submission		

Step 7: Complete the final page where your fee will automatically populate and you can select the payment method.

Please note that we are no longer accepting cheques.

If you selected E-transfer as your method of payment:

- Please note the following in the memo section of the e-transfer: full name and license number or your payment will not be applied to your renewal.
- If you are sending an employer payment via e-transfer, please list all names and license numbers that the payment is to be applied. This will ensure timely processing for all parties.
- Please send the transfer to reception@cobc.ca.
- Carefully look at the amount due on your renewal confirmation, and send the EXACT amount or your payment will not be applied to your renewal.

Pre-approved Payment Plan - only current approvals accepted:

- If you are already on a pre-approved payment plan, you may select this option and your payment will be made accordingly.
- If you are not already on a pre-approved payment plan, please do not select this as the COBC is no longer offering this option for payment.

Employer payment - your employer is welcome to pay your license fee on your behalf.

Receipts will now be available in your online profile for you to download or print. Receipts will be available on your profile within 5 working days of submission.

RENEWAL

Note: Blue labels indicate fields that are published in the Online Member Roster, fields with red asterisks are required, and fields will have a red outline if there is a problem that needs correcting.

[Frequently Asked Questions regarding Registration](#)

Personal

Residence

Business

Preferences

Declaration of Conduct

Validation & Submission

Insurance

1. I hereby certify to the College of Opticians that I am insured under a professional liability insurance policy with policy limits of not less than \$1,000,000, this policy is in full force and effective as of the date hereof;
2. I hereby undertake to the College of Opticians that, in the event the said policy is due to expire prior to the registration renewal date, I will either renew or replace the policy, prior to the expiry date, with one that contains policy limits of not less than \$1,000,000;
3. I undertake to promptly advise the Registrar in writing of any changes in my employer or place of business, name, or contact information; AND
4. I undertake, should I change employer or place of business, to certify to the College, in a form or manner acceptable to the Registrar, that I continue to be insured under a professional liability insurance policy with policy limits of not less than \$1,000,000 per occurrence before commencing new employment or working at a new place of business.

I agree with this statement*

Solemn Declaration

I do solemnly swear, that I have completed the questions above to the best of my knowledge and believe the completed form hereto affixed is correct and true. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT.

I agree with this statement*

Fees Information

For fees and registration instruction for:

[College of Opticians of British Columbia](#)

Fees and Payment Information

Fees:

Category

Fee + Tax

I want to renew as an Optician: **\$490.00**

Payment Information:

Paid Via: * (select) ▼

Send Confirmation Email To: *

Submit