



COLLEGE *of* OPTICIANS  
OF BRITISH COLUMBIA  
a B.C. Health Regulator

## Supplemental Package

Submit by email to  
[reception@cobc.ca](mailto:reception@cobc.ca)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Applying to become a:

- Student Contact Lens Fitter
- Dispensing Optician
- Contact Lens Fitter
- Certified Refracting Optician

Staple One  
Recent Passport  
Photo Here

Applicant Check List:

- 1 Passport Photo
- Form 1: Notarized Declaration
- Proof of Insurance Document
- Criminal Record Check (submitted online)
- Personal Registration Information and Payment (submitted online)

**COLLEGE OF OPTICIANS OF BRITISH COLUMBIA**

**Form 1: Notarized Declaration (First Time Applicants only)**

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CANADA PROVINCE OF BRITISH COLUMBIA  
IN THE MATTER OF AN APPLICATION FOR REGISTRATION  
IN THE COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

TO WIT:

I, \_\_\_\_\_, of \_\_\_\_\_ (street address) in  
the city of \_\_\_\_\_ in the Province of British Columbia do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offense that, if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws.
2. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness which would make registration contrary to the public interest.
3. I am a person of good character.
4. My entitlement to practice as an Optician has not been limited, restricted or subject to conditions in any jurisdiction at any time.
5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practice as an Optician in that jurisdiction.
6. I, having read the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Opticians of British Columbia in force pursuant thereto, do declare that I will uphold the honour and dignity of the profession and adhere to the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Opticians in force pursuant thereto.
7. I understand that I will be conditionally registered as a(n) \_\_\_\_\_ (Student Contact Lens Fitter and/or Optician and/or Contact Lens Fitter) with the College of Opticians of BC pending a satisfactory result of the Criminal Records Search and I undertake not to provide any Opticianry services to or for anyone under the age of 19 without direct supervision of a registrant until my conditional registration is lifted by the College.

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.

DECLARED before me at  
the city of \_\_\_\_\_,  
in the Province of British Columbia,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
A Commissioner for taking Affidavits in British Columbia

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Commissioner Name

# COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

## Proof of Insurance Instructions (First Time Applicants only)

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### ACCEPTABLE PROOF OF PROFESSIONAL LIABILITY INSURANCE

Please ensure all three pieces of the following information under “A. Required Information” are included in the liability insurance document when submitting to the College.

#### A. Required Information

Regardless of the format of the proof of insurance, the following information **must** be clearly stated:

##### 1. To whom the coverage applies

- The street addresses of all business insured under the policy, the name of the underwriter and the policy number
- The proof of insurance may name individuals, specify the number of individuals covered, or contain words to confirm all employees are covered.
- If individuals are not named in the document, it must be accompanied by a letter from the business owner (or regional manager where appropriate) that confirms the employment of the opticians who are covered.

##### 2. Explicit verification to show insurance liability at least **\$1,000,000 per occurrence.**

- The proof of insurance must show the words “per occurrence” for the coverage.
- The alternative choice, “each claim,” is also acceptable.

##### 3. The expiration date of the current policy

- The expiration date must be clear and include the day, month, and year.

#### B. Format of the Insurance Proof

The following are acceptable formats for the proof of insurance:

- A certificate of insurance issued by the insurance broker (preferred);
- A letter signed by the insurance broker on company letterhead; or
- The face sheet and declarations page of the insurance policy, provided that all of the requested information is present and clearly stated.

The College **will not** accept the following as proof of insurance:

- Entire insurance policies and references to lengthy policy wordings, definitions, etc
- Certificates of insurance provided through third parties. All certificates must be sent directly from the broker or the registrant. When insurance is purchased through a third party such as an association, the agent/broker of record must supply a list of insured registrants to the College of Opticians of BC on a quarterly basis.

# COLLEGE OF OPTICIANS OF BRITISH COLUMBIA

## Criminal Record Review Process Instructions

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According to the *Criminal Records Review Act*, professionals “working with children directly or having or potentially having unsupervised access to children in the ordinary course of employment or in the practice of an occupation” are required by the Ministry of Public Safety and Solicitor General (MPSSG) to undergo a criminal record check. This includes all registrants of the College of Opticians of British Columbia (COBC), as well as other health professionals. This check must be completed every five years.

### How to Complete the Criminal Record Review:

- Go to <https://justice.gov.bc.ca/eCRC/>
- Enter Access Code: **DG5TSET57V**
- Follow the instructions on each page to complete the electronic form

Your review results will be sent directly to the College for processing with your registration application, as we cannot proceed without them. The Ministry of Justice criminal record review process will cost \$28.00 and it must be paid by credit card. As a part of this process, the Ministry will verify your identity by confirming personal information through their secure website. If you have been in Canada for *less than 2 years*, please contact the College at [reception@cobc.ca](mailto:reception@cobc.ca) for further instructions.

You can call the Ministry of Justice toll free at 1-855-587-0185 with questions about how to complete the criminal record review process and more information can be found on the Ministry website at <http://www.pssg.gov.bc.ca/criminal-records-review/index.htm>.