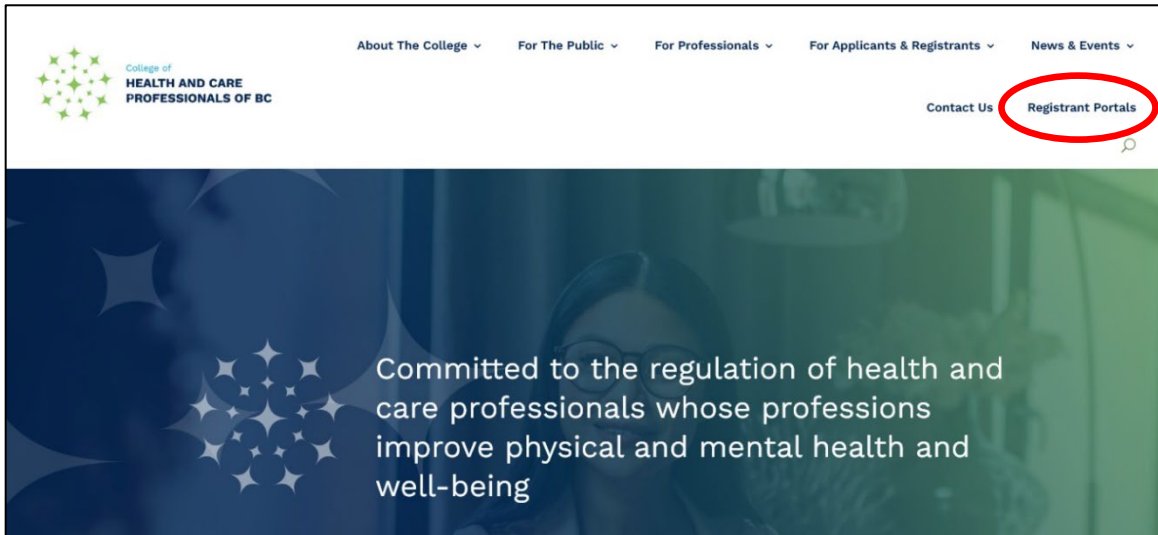


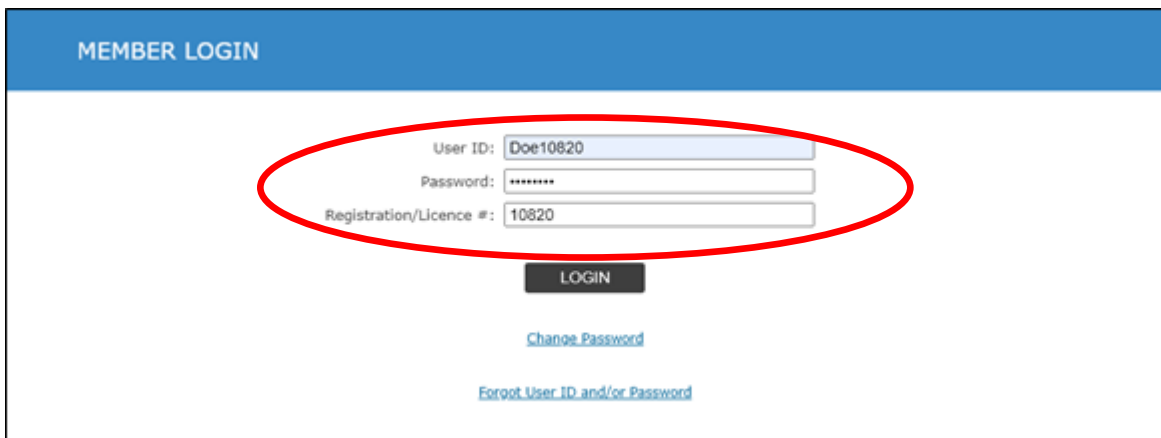
How to Renew Your Opticianry Licence

Follow the steps in this guide to renew your opticianry licence during the annual renewal period.

1. To begin, go to the **CHCPBC website**: <http://www.chcpbc.org>. At the top of the screen, select “Registrant Portals.”



2. You will be asked to **log in** with your User ID, password, and licence number.



If you cannot remember your log-in information or have difficulty logging in, simply select “Forgot Password.” If you still have difficulty, please contact our team at registration@chcpbc.org and we’ll be happy to assist you.

- Once logged in, navigate to the **RENEWAL tab** in the upper left-hand corner of the screen.

HOME **RENEWAL** CHANGE STATUS MY PROFILE QA (CPP) ACCOUNT

Jane Doe

College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

WELCOME

WELCOME JANE DOE

PRINT RECEIPT

PRACTICE PERMIT

CONTINUING
COMPETENCY
PROGRAM

Cycle End Date
Dec 31, 2026

LICENCE

Expiry Date
Mar 31, 2024

CRIMINAL
RECORD
CHECK

Expiry Date
Jun 29, 2028

4. On the first page of the renewal application, **your renewal category will be automatically selected** based on your current status. No action is required in this tab; you may simply select “Next.”

If you wish to change your status or add a licence designation as part of your renewal, you must use the CHANGE STATUS tab instead.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe

College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

Category

- Personal
- Indigenous Identity
- Residence
- Business
- Preferences
- Declaration of Conduct
- Volunteering
- Validation & Submission

Selected by Current Status*

- Renew as an optician
- Renew as an optician/contact lens fitter
- Renew as an optician with a refracting certification
- Renew as an optician/contact lens fitter with a refracting certification
- Renew as a non-practicing optician
- Renew as a non-practicing optician/contact lens fitter
- Renew as a non-practicing optician with a refracting certification
- Renew as a non-practicing optician/contact lens fitter with a refracting certification

If you would like to **add** a designation/certification, please complete your renewal using the **Change Status** tab instead.


If you would like to **drop** a designation/certification, please contact COBC.

NEXT >

5. Review your **personal details** to ensure they are correct.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



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RENEWAL

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[Frequently Asked Questions](#)

Category

Personal

Indigenous Identity

Residence

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Preferences

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Volunteering

Validation & Submission

Surname:* Doe 1st Given Name:* Jane

2nd Given Name:

3rd Given Name:

Preferred Name:

Existing Licence #: 10820

Date of Birth:* 01 | 01 | 1980

Country of Birth:* Canada

State or Province of Birth: British Columbia

Gender: Female

Pronouns: she/they

Other Pronouns:

Languages Spoken:* English

< PREVIOUS

NEXT >

- 6. If you self-identify as Indigenous, you have the option to **respond to a few questions** in the Indigenous Identity tab. If you have responded to these questions before, your last responses will pre-populate; however, you may update them as needed.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



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RENEWAL

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[Frequently Asked Questions](#)

- Category
- Personal
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- Residence
- Business
- Preferences
- Declaration of Conduct
- Volunteering
- Validation & Submission

As part of COBC's commitment to Indigenous Cultural Safety, Cultural Humility, and Anti-Racism, we're gathering information to better understand our registrants' demographics.

Like other regulatory information we gather, we may share this data—anonimized and in aggregate form—with stakeholders like the First Nations Health Authority, the BC Ministry of Health, universities, and health associations.

The information you provide here won't affect the outcome of your registration in any way. You can also choose not to provide any information by simply selecting "Prefer not to answer." If you want to change your answer(s) in the future, you'll be able to do so by logging in to your online COBC account and navigating to the **MY PROFILE** tab. For more information, please visit COBC's [Cultural Safety and Humility resource page](#).

Do you self-identify as an Indigenous person (First Nations, Métis, Inuit)?*

Yes
 No
 Prefer not to answer

Which specific Indigenous nation(s), community(/ies), and/or band(s) are you a member of/do you identify with?

Do you consent to being contacted by COBC regarding opportunities to provide your perspectives as an Indigenous optician on opticianry regulatory issues?

Yes
 No

< PREVIOUS NEXT >

7. Check that your **residential contact information** is current, and update anything that is not current (by selecting “EDIT this residence address”).

It is your responsibility to keep these details up to date.

The screenshot shows the user interface for the College of Health and Care Professionals of BC. At the top, there is a navigation bar with links for HOME, RENEWAL, CHANGE STATUS, MY PROFILE, QA (CCP), and ACCOUNT. The user's name, Jane Doe, is displayed in the top right corner. Below the navigation bar is the College of Health and Care Professionals of BC logo and name. The main content area is titled RENEWAL and contains a blue box with a note: "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." Below this is a section for "Frequently Asked Questions" and a "Residence Address #1" form. The form includes fields for Address, City, Province/State, Country, Postal Code/Zip, Phone, Cell, International #, and Email. To the right of the form are links for "EDIT this residence address" and "DELETE this residence address". Below the form is a button labeled "ADD AN ADDITIONAL ADDRESS". At the bottom of the page are buttons for "< PREVIOUS" and "NEXT >".

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe

College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

Category

Personal

Indigenous Identity

Residence

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Volunteering

Validation & Submission

Residence Address #1

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

Address: 567 Home Street
City: Vancouver
Province/State: British Columbia
Country: Canada
Postal Code/Zip: V0H 0H0
Phone:
Cell:
International #:
Email: email@email.ca

ADD AN ADDITIONAL ADDRESS

< PREVIOUS


NEXT >

8. Check that your **business name and contact information** are current, and update anything that is not current (by editing, adding, or replacing your address(es) as applicable).

It is your responsibility to keep these details up to date and correct.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe

 College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

- Category
- Personal
- Indigenous Identity
- Residence
- Business**
- Preferences
- Declaration of Conduct
- Volunteering
- Validation & Submission

Business Address #1 [EDIT this Work Location](#) [DELETE this Work Location](#)

Company: ABC Eye Company
Address: 1234 Busy Street
City: Vancouver
Province/State: British Columbia
Country: Canada
Postal Code/Zip: V0H 0H0
Phone: (604) 555-5555
Email: jane@abceyecompany.ca
Business URL:

Business Address #2 [EDIT this Work Location](#) [DELETE this Work Location](#)

Company: JKLM Optometry
Address: 567 Vision Avenue
City: Vancouver
Province/State: British Columbia
Country: Cameroon
Postal Code/Zip: V0H 0H0
Phone: (778) 555-5555 ext: 2
Business URL:


[ADD AN ADDITIONAL WORK LOCATION](#)

[← PREVIOUS](#) [NEXT →](#)

9. Indicate your **preferred addresses** for mail and email. We will use this information to determine which addresses to use when contacting you.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

Category

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Validation & Submission

Preferred Mailing Address: *

Preferred Email Address: *


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NEXT >

10. Complete the **declaration of conduct**. Please note that all questions in the declaration of conduct must be answered.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

DECLARATION OF CONDUCT

Jane Doe
Licence# **10820**
February 23, 2024

- Category
- Personal
- Indigenous Identity
- Residence
- Business
- Preferences
- Declaration of Conduct**
- Volunteering
- Validation & Submission

1. Have you been subject to any disciplinary action by a regulatory organization responsible for the regulation of opticians or of any other profession since you last renewed your certificate of registration/ practice permit? (select) ▼
2. Have you, since the last time you renewed your certificate of registration/ practice permit, ever pleaded guilty or have been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned? (select) ▼
3. Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incompetency, incapacity or a similar issue in relation to opticianry in Canada or elsewhere? (select) ▼

< PREVIOUS

NEXT >

11. Complete the **non-practicing declaration** (if applicable).

Please that you will only see this declaration if your status is non-practicing.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

APPLICATION FOR NON-PRACTICING STATUS

All designations/certifications
for
Jane Doe
Licence# **10820**
February 23, 2024

An application to change status to non-practicing, or to renew with non-practicing status, is subject to the review and approval of the Registration Committee of the College. If your application is not approved, you will receive an email with further instructions.

I am requesting to hold a non-practicing licence for the following reason:*

- I reside and work outside of the province of British Columbia.
- I am unemployed in the optical industry.
- I am a student and do not work.
- I am on a leave of absence. Please specify:
- I am currently working as a(n):
 (title of your job)

Please provide a brief description of your work:

12. Complete the **Continuing Competency Program declaration** (if applicable).

Please note that you will only see this declaration if your cycle end date was this past December.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

Category	
Personal	
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Declaration of Conduct	
Continue Non-Practicing	
QA/CCP Declaration	
Volunteering	
Validation & Submission	

CONTINUING COMPETENCY PROGRAM COMPLETION DECLARATION

Canada, Province of British Columbia,
Declaration for Completion of Mandatory Quality Assurance Requirements
with the College of Opticians of British Columbia

Jane Doe
Licence# **10820**

February 23, 2024

I Declare That:

1. I have completed my Continuing Competency Program requirements and obligations as defined by the Quality Assurance Committee Program Policy
OR
2. I have been granted an official extension or deferral of my Continuing Competency Program requirements by the College of Opticians of British Columbia in accordance with the Quality Assurance Committee Program Policy

I acknowledge that the information submitted pertaining to my Quality Assurance requirements may be subject to an audit by the College of Opticians of British Columbia.

I make this Declaration, conscientiously believing it to be true, and agree that it shall have the same force and effect as if made under oath.

I agree with this statement*


< PREVIOUS

NEXT >

13. If you're interested in volunteering with CHCPBC, **respond to the questions** in the Volunteering tab. If you've responded to these questions before, your last responses will pre-populate; however, you may update them as needed.

HOME RENEWAL CHANGE STATUS MY PROFILE QA (CCP) ACCOUNT

Jane Doe



College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

RENEWAL

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[Frequently Asked Questions](#)

- Category
- Personal
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- Preferences
- Declaration of Conduct
- Volunteering**
- Validation & Submission

Are you interested in volunteering with COBC?*

Yes

Not at this time

Which of the following areas are you interested in?

- Board
- Discipline Committee
- Inquiry Committee
- Patient Relations Committee
- Quality Assurance Committee
- Registration Committee
- Examinations
- Inspections (right-to-title, eyeglass evaluation, record review)
- Indigenous Cultural Safety & Humility, Anti-Racism
- Focus groups, working groups (various topics)

By selecting "Examinations," you consent to COBC sharing your contact information with [NACOR](#), the organization that administers examinations on COBC's behalf.

Please tell us why you are interested in the area(s) you have selected:

< PREVIOUS

NEXT >

14. Complete the final page, including:

- Confirmation of **insurance coverage**.
- **Consent** to sharing of contact information (Yes/No).
- The **solemn declaration**.
- Payment of **fees**.

The correct fee amount will populate based on registration category. Payment methods are listed on the next page.

RENEWAL

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[Frequently Asked Questions](#)

Category

Personal

Indigenous Identity

Residence

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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 have read and agree with the liability insurance declaration*

Consent

Do you consent to COBC sharing your contact information with trusted external/third-party contractors?* ▼

From time to time, COBC seeks an external/third-party contractor to conduct research on COBC's behalf. Details of the types of research initiatives that may be managed by a third-party/external contractor can be found [on the COBC website](#). By selecting "Yes," you consent to COBC sharing your contact information with a third-party provider for the sole purpose of administering research activities undertaken on behalf of COBC. You may opt out of any and all research initiatives at any time, including when contacted by a third-party provider.

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 and Payment Information

Fees:

Category	Fee + Tax
Renew as an optician with a refracting certification:	<input style="width: 100px;" type="text"/>

Payment Information:

Paid Via: * (select) ▼

Send Confirmation Email To: *

What methods of payment are accepted?

CHCPBC accepts payments by VISA and Mastercard directly through the renewal application. Simply select the credit card type and enter the required information on-screen.

Other payment methods are *not* accepted at this time.

What if my employer is paying for my licence?

Even if your employer is paying your licensing fees on your behalf, you will still need to submit your renewal application and fees through your CHCPBC account, as per the above instructions. In this case, we recommend completing your renewal application *with your employer present* and having them enter the company's credit card information on the final page of the application. CHCPBC does not accept "batch" payments from employers.

How do I access my receipt?

Your receipt will be available for download through your online account within 5 business days of your renewal submission. Simply log in and select the "Print Receipt" button in the HOME tab.