



## Supplemental Package for Registration

### How to complete this package:

1. Fill in your name, contact information, examination history, and registration type on the right.
2. Select each item on the Checklist below to easily navigate to the specifications/instructions for completing that item.
3. Prepare all components and submit the package (including this page) to [registration@chcpbc.org](mailto:registration@chcpbc.org)  
  
NOTE: CHCPBC will accept digital documents, scanned documents, or high-quality photos of documents.
4. Allow 3–5 business days for processing by the CHCPBC team.

### Applicant details

Full name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

### Examination history

#### NACOR Optical Sciences 1 - Eyeglasses

Date of successful completion: \_\_\_\_\_

#### NACOR Optical Sciences 2 - Advanced Contact Lenses

Date of successful completion: \_\_\_\_\_

### I am applying for registration as:

(select one)

- An optician
- An optician & contact lens fitter
- An optician with a refracting certification
- An optician & contact lens fitter with a refracting certification

### Checklist

(check off once completed)

- Cover page (this page)
- Online application (submitted online through the College website)
- Fees (paid with online application)
- Photo
- Criminal record check (submitted online through the Ministry of Public Safety & Solicitor General)
- Proof of professional liability insurance
- Letter of Good Standing prepared by your current opticianry regulator  
**(applicants transferring to BC from another province ONLY)**
- Notarized Declaration

## Online application

The application is where you will provide more in-depth information about your education and work situation, your contact information, and how you'd like to be identified. To submit an online application:

- Visit [opticianry.ca/Login.aspx?OrgID=COBC](https://opticianry.ca/Login.aspx?OrgID=COBC)
- From the grey tabs at the top, select “NEW APPLICATION.”
- If you haven't created an account yet, click “Create New Account” on the right side of the screen. Then, enter your details and click “CREATE.” (If you have an account, simply log in.)
- Once logged in, fill out the application form, pay the fees (discussed below), and submit.

## Fees

When you first apply for registration with CHCPBC, you must pay:

- A one-time application fee.
- The licensing fee for the current fiscal year. \*

\* CHCPBC's fiscal year runs from April 1 to March 31.

CHCPBC accepts online payments by VISA, Mastercard, and e-Transfer. You can view the full list of current fees at [chcpbc.org/for-professions/opticians/applicants/#fees](https://chcpbc.org/for-professions/opticians/applicants/#fees). Fees will automatically populate as part of the online application.

Application and licensing fees are refundable within *1 year* of the date of application for applicants who choose not to complete the registration process. Once CHCPBC has confirmed your registration and issued your licence number, the fees you have paid will be non-refundable.

## Photo

You are required to provide a “passport-like” photo as part of your application. It is *not* necessary to have an official passport photo taken for this purpose; CHCPBC will accept any photo that clearly shows you (from at least the shoulders up) with:

- Eyes open.
- A neutral expression on your face.
- A plain background.
- Good lighting.

Your photo will be used for identification purposes only; it will *not* appear on your practice permit.

## Criminal record check

As a Licensed Optician, you may provide services to children and/or vulnerable adults. The *Criminal Records Review* Act states that you are therefore required to complete a criminal record check at the time of your initial registration with CHCPBC *and* every 5 years thereafter.

CHCPBC does *not* accept criminal record checks completed by the RCMP. **Your criminal record check must be completed through the BC Ministry of Public Safety and Solicitor General.**

Please follow the steps below to complete your criminal record check.

1. Visit the Ministry of Public Safety website at <https://justice.gov.bc.ca/screening/crrpa/org-access>
2. Enter our Access Code: **DG5TSET57V**
3. **Log in using your BC Services Card**  
(If your BC Services Card is not yet set up for digital use, follow the instructions provided on the website.)
4. Complete the electronic criminal record check application online
5. Submit credit card payment of \$28

**If you *do not have* a BC Services Card**, you can still apply for the check, but you will be required to complete an additional identity verification process. In this situation, the steps are as follows:

1. Visit the Ministry of Public Safety website at <https://justice.gov.bc.ca/screening/crrpa/org-access>
2. Enter our Access Code: **DG5TSET57V**
3. **Select “Continue without your BC Services Card Login”**
4. Complete the electronic criminal record check application online
5. Submit credit card payment of \$28
6. Select two pieces of ID (at least one “primary”) from this list:  
<https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/law-policy#id>  
Take these two pieces with you to a Commissioner or Notary Public and have them *notarized*.
7. Email an image or scan of your notarized ID to [registration@chcpbc.org](mailto:registration@chcpbc.org), OR send by mail to:

Opticianry Registration  
College of Health and Care Professionals of BC  
900 – 200 Granville Street  
Vancouver, BC V6C 1S4

CHCPBC staff are unable to troubleshoot issues with the online criminal record check application. If you have difficulty completing your application, please consult this page:  
<https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/applicants/process>

## Proof of professional liability insurance

Licensed Opticians can obtain professional liability insurance from any of the following sources:

- a) Through their employer. \*
- b) Through the Opticians Association of Canada (OAC).
- c) Through an insurance broker.

\* Please note that employer-provided insurance coverage generally only applies to the work you do while you are at a specific place of work. It does *not* cover you when you are doing opticianry work at another location (e.g., a second job, volunteering, etc.). OAC and private coverage will apply to *all* of your opticianry work.

To prove you are insured, you must submit an insurance certificate that includes:

- The amount of coverage provided—at minimum, \$1,000,000 per occurrence/claim.
- The “effective” dates of the policy (i.e., when the coverage begins and ends).
- The name of the “insured party” (either you *or* the business that you work for).

**If your name does not appear on the insurance certificate**, you must *also* submit a letter from your employer as proof that you work at that location.

## Letter of Good Standing

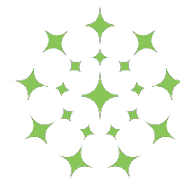
Based on the *Mutual Recognition Agreement* established by Canadian opticianry regulators, you may be eligible to *transfer* your licensure to British Columbia if you are currently licensed in one of the following provinces:

- Alberta
- Newfoundland and Labrador
- Prince Edward Island
- Manitoba
- Nova Scotia
- Québec
- New Brunswick
- Ontario
- Saskatchewan

As part of your application to CHCPBC, you must submit a **Letter of Good Standing** from your current opticianry regulator. Please contact your current regulator directly to request this letter.

## Notarized Declaration

Print the following page and fill out the first four blanks. **Do not fill out the bottom section by yourself.** Take the form to a Commissioner or Notary Public. They will verify your identity, fill out the bottom section of the form, and then notarize the form. If you’re not sure where to find someone who provides this service, you can search online at [bcnotaryassociation.ca/find/](http://bcnotaryassociation.ca/find/).



# Form 1: Notarized Declaration

In the matter of an application for registration with the College of Health and Care Professionals of British Columbia:

TO WIT:

I, \_\_\_\_\_ of \_\_\_\_\_  
(Applicant full name) (street address)

in the city of \_\_\_\_\_ in the province of \_\_\_\_\_  
(city) (province)

do solemnly declare that:

1. I have not pleaded guilty to or been found guilty of a criminal offence in Canada, or an offence of a similar nature in a jurisdiction outside Canada, for which I have not been pardoned.
2. I have not been subject to an investigation by a regulatory organization that has resulted in my being convicted, in Canada or elsewhere, of an offence, nor have I been convicted, in Canada or elsewhere, of an offence that has resulted in my being investigated by a regulatory organization.
3. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness which would make my registration contrary to the public interest.
4. My entitlement to practice opticianry or any other regulated profession has not been limited, restricted, or subject to conditions or discipline in any jurisdiction at any time.
5. At the present time, no investigation, review, or proceeding is taking place in any jurisdiction which questions my conduct, competency, or capacity, or which could impact my authorization to practice as a Licensed Optician in that jurisdiction.
6. I recognize that the *Health Professions Act* of British Columbia—in conjunction with the regulations, bylaws, standards of practice, and code of ethics of the College of Health and Care Professionals of British Columbia—defines and governs my practice as a Licensed Optician. I declare that I will uphold the honour and dignity of the profession by adhering to and remaining informed about this legislation and documentation.
7. I understand that I will be conditionally registered as a Licensed Optician with the College of Health and Care Professionals of BC pending the satisfactory results of my criminal record check. I undertake not to provide opticianry services to vulnerable adults or to anyone under the age of 19 without the direct supervision of a Licensed Optician 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.

\_\_\_\_\_  
(Applicant signature)

DECLARED before me \_\_\_\_\_  
(Commissioner name)

in the city of \_\_\_\_\_  
(city)

in the province of \_\_\_\_\_  
(province)

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
Commissioner's stamp, seal, or signature