



**WAIVER TO RELEASE CANDIDATE INFORMATION**

I, \_\_\_\_\_,  
Candidate name

- A. Acknowledge that the College of Health and Care Professionals of British Columbia (CHCPBC) will **not** accept candidates for optometry registration who fail the supplementary National Board of Examiners in Optometry (the “NBEO”) examinations **three times or more**, and I declare that I have not written the supplementary NBEO examinations three times or more;
- B. Give permission to CHCPBC to:
  - i. obtain a copy from the National Board of Examiners in Optometry (“NBEO”) of:
    - my NBEO Registration Forms and Applications, including the current and past Registration Forms and Applications, Appeals and rewrites (the “Applications”);
    - all documents, enclosures and information received by the NBEO concerning the Applications;
    - all correspondence, memoranda or documents sent or received by the NBEO concerning the Applications, including letters, emails and faxes; and
    - the results of my NBEO Applications, including the examination results, appeals and rewrites;
 (Collectively the “NBEO Information”)  
and
  - ii. Release the NBEO information to the Canadian provincial or territorial optometry regulatory bodies to which I may or have applied for a Licence or Certificate of Registration to practise optometry.

\_\_\_\_\_  
Candidate signature

Witnessed:

\_\_\_\_\_  
Witness name \_\_\_\_\_  
day/month/year

\_\_\_\_\_  
Witness signature