



**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 who fail the supplementary Optometry Examining Board of Canada (OEBC\*) examinations **three times**, and I declare that I have not written supplementary OEBC examinations three times;

B. Give permission to CHCPBC to:

i. obtain a copy from the OEBC of:

- my OEBC exam 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 OEBC concerning the Applications;
- all correspondence, memorandum or documents sent or received by OEBC concerning the Applications, including letters, emails, and faxes; and
- the results of my OEBC exam Applications including the examination results, appeals and rewrites;

(Collectively the “OEBC exam information”)

and

ii. Release the OEBC exam 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

*\*As of March 2, 2017, the OEBC exam has replaced the Canadian Assessment of Competence in Optometry (CACO) as a standard by which competence is verified in optometrists seeking registration.*