

# Application for Licensure

## 1. Personal information

**Full legal name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Name you go by** \_\_\_\_\_

**Other names** \_\_\_\_\_

**Birthdate** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Pronouns** he/him ☐ he/they ☐ she/her ☐ she/they ☐ they/them ☐ ze/zir ☐  
Use my name/no pronouns ☐ Prefer not to say ☐ Other ☐: \_\_\_\_\_

**Sex at birth** Female ☐ Intersex ☐ Male ☐ Prefer not to say ☐

## 2. Contact information

**Phone** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Email address** \_\_\_\_\_

**Mailing address** \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

## 3. Indigenous self-identification

Do you self-identify as an **Indigenous** person? Yes ☐ No ☐ Prefer not to answer ☐

If *Yes*:

With which group(s) do you identify? First Nations ☐ Métis ☐ Inuit ☐

Do you **consent to being contacted by CHCPBC** regarding opportunities to provide your perspectives on regulatory issues as an Indigenous healthcare provider? Yes ☐ No ☐

## 4. Application type

*Select one:*

**Optician** ☐

**Optician/contact lens fitter** ☐

**Optician** with refracting certification ☐

**Optician/contact lens fitter** with refracting certification ☐



## 5. Education

**Educational institution** \_\_\_\_\_

**Qualifying credential** \_\_\_\_\_

**Year of graduation** \_\_\_\_\_

## 6. Registration in other jurisdictions

Are you currently or were you at any time previously **registered as a health professional or other regulated professional in another Canadian province or territory?**

Yes, currently ☐ Yes, previously ☐ No ☐

If *Yes*, please specify the profession, province(s) or territory/territories, and registration dates (including current and past).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently or were you at any time previously **registered as a health professional or other regulated professional in another country?**

Yes, currently ☐ Yes, previously ☐ No ☐

If *Yes*, please specify the profession, country/countries, and registration dates (including current and past).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Professional liability insurance

*Insurance may be obtained through your employer, an insurance broker, or membership with the Opticians Association of Canada. Coverage must be for a minimum of \$1,000,000 per occurrence.*

**Provider name** \_\_\_\_\_

**Effective date** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Expiry date** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

## 8. Employment information

*You will have the opportunity to make changes or enter additional employers after your registration has been approved. Leave this section blank if you are not currently employed.*

### *Primary employment*

**Employer/  
organization** \_\_\_\_\_

**Work address** \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

**Work phone** \_\_\_\_\_



**Work email**

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**Supervisor**

Name 

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 CHCPBC Licence Number 

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*Secondary employment*

**Employer/  
organization**

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**Work address**

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 City 

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Province 

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 Postal code 

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 Country 

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**Work phone**

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**Work email**

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**Supervisor**

Name 

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 CHCPBC Licence Number 

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## 9. Criminal record check

CHCPBC will send you a secure link and an access code that will direct you to the online criminal record check application. The online criminal record check form uses the [BC Services Card Login](#) to verify an applicant's identity. The BC Services Card Login is a secure and easy way to prove who you are when accessing [government services online](#).

If you live in another Canadian province or territory and do not have a physical BC Services Card, you can still set up the BC Services Card Login and submit an online criminal record check. You will need two pieces of [government-issued ID](#) to verify your identity.

CHCPBC will request a check for working with children and vulnerable adults.

## 10. Information collection

By completing this application, I authorize CHCPBC to investigate and/or verify any information supplied in this application. CHCPBC may request and/or collect additional information and records from third parties that it considers relevant to this application. I consent to both the collection and use of such information and records by CHCPBC for the purposes of assessing whether I meet the requirement for registration. I further consent to CHCPBC's disclosure of my personal information to the extent necessary to verify the information that I have provided or for the purposes of gathering additional information to assess my application. I also consent to CHCPBC's disclosure of my personal information for national and provincial reporting for the purposes of health human resource planning and for the Ministry of Health Provider Registry.

**I acknowledge and accept the above declaration.** ☐

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**Applicant signature**

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**Date**