

College of Optometrists of Saskatchewan

CERTIFICATE OF STANDING

SECTION 1 – CONSENT FOR RELEASE OF INFORMATION

This Section is to be completed by the Applicant. A copy of this Consent for Release of Information will be included with your Certificate of Standing.

I, Dr. _____
First Name Last Name

Has applied to the _____ for a certificate of Registration in order to engage in the practice of optometry in _____.

The Saskatchewan Association of Optometrists, requires signed consent to release the requested information, I am hereby signing my permission to and irrevocably authorize and direct the

[name of regulatory authority]

to provide, at my expense, the information required by the _____. I understand and accept that this means that you will be providing full disclosure of any and all information requested on the attached form or any additional information determined by the Saskatchewan Association of Optometrists to be relevant to my application for registration.

I acknowledge that the Saskatchewan Association of Optometrists has advised me that I have the right to obtain legal advice prior to executing this consent, and that I have either done so or have had sufficient opportunity to do so prior to executing this Consent for Release of Information. I am signing this document of my own free will, voluntarily and without coercion, having read it and having understood it.

IN WITNESS WHEREOF I have duly executed this Consent for Release of Information form this _____ day of _____, 20____.

[printed name of Applicant]

[signature of Applicant]

College of Optometrists of Saskatchewan

Jurisdiction	Registered/Licensed	
	From	To
	(M/D/Y)	(M/D/Y)
	(M/D/Y)	(M/D/Y)
	(M/D/Y)	(M/D/Y)

(vi) Is the Applicant in arrears of any fees or other monies owing to your organization?

- YES NO

If YES, please provide details below:

(vii) Does the Applicant have or has the Applicant ever had any restrictions, terms, conditions or limitations on his or her Certificate/Licence?

- YES NO

If YES, please provide details below:

(viii) Has the Applicant ever had his or her Certificate/Licence suspended, cancelled, revoked or struck off the Register/Roll?

- YES NO

If YES, please provide details below:

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2. Professional Conduct Record

i. Complaints

Has your organization ever received a formal complaint about the Applicant?

YES NO

If YES, please provide details of any investigations(s) that is/are in progress or have been completed by your organization with a decision, action or resolution being reached (including dismissing the complaint).

ii. Discipline Proceedings

Has your organization ever initiated a discipline proceeding with respect to the Applicant?

YES NO

If YES, please provide details of any hearing(s) that is/are in progress or have been completed by your organization with a decision / action being issued (including dismissing the allegations) or that involved the Applicant's resignation.

iii. Fitness to Practise (including physical ailment, mental health condition or addiction)

Has your organization ever initiated a fitness to practise hearing or inquiry with respect to the Applicant?

YES NO

If YES, please provide details of any hearing(s) that is/are in progress or have been completed by your organization with a decision / action being issued (including dismissing the allegations) or that involved the Applicant's resignation.

iv. Quality Assurance Programs

Has the Applicant ever been the subject of a professional inspection other than regularly scheduled or randomly selected inspections?

- YES NO

If YES, please provide details of any inspection(s) that is/are in progress or have been completed by your organization with a decision / action being issued or that involved the Applicant entering into an Agreement or Undertaking with your organization.

v. Continuing Education Requirements

Has the Applicant ever failed to be in compliance with your continuing education requirements?

- YES NO

If YES, please provide details of the nature of non-compliance and the action taken, if any.

vi. Currency of Practice Requirements

Has the Applicant ever failed to be in compliance with your practice hours requirement?

- YES NO

If YES, please provide details of the nature of non-compliance and the action taken, if any.

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vii. Agreements and Undertakings

Has the Applicant ever entered into an Agreement or Undertaking with your organization?

YES NO

If YES, please provide details of the nature of the Agreement or Undertaking and the current status.

viii. Please provide details of any other relevant information that has been reported to you.

Are other sheets/documents attached to this form?

YES NO

Certification

Signature

Title

Signed and sealed this date