APPENDIX II: CERTIFICATE OF PROFESSIONAL STATUS

IDENTIFICATION OF THE REGULATORY AUTHORITY AND ITS AUTHORIZED REPRESENTATIVE
Name of the regulatory authority and jurisdiction:
Name of authorized representative:
Address:
Telephone: Fax: Email:
IDENTIFICATION OF APPLICANT
Family name: First name:
Permit no. (registration, licence, registration):
 INFORMATION ABOUT THE APPLICANT the undersigned, duly authorized representative of the regulatory authority, confirm the following with respect to the professional status of the applicant (attach additional pages if necessary):
Regular permit (licence, certificate) Coher permit (academic, temporary courtesy, special, etc.)
The applicant practices (practiced) optometry since (from) (d/m/y) to (current or d/m/y).
Details:
 If the applicant is no longer a member, please indicate the reasons: Resignation Administrative measure Disciplinary penalty Other
Details:
 3. Does (did) the applicant have the authorization to administer and prescribe medications in your jurisdiction?: □ Yes, for diagnostic and therapeutic purposes □ Yes, for diagnostic purposes only □ No
Details:
4. Is or was the applicant subject to a continuing education requirement?:□ Yes □ No
If yes, what is the status of the applicant's record (number of hours completed, reference period, etc.)?:
 5. Has the applicant ever been the object of a professional inspection (evaluation of competence, review of practice, etc.)?: Yes D No
If yes, did this inspection reveal any problems?
Details:
 6. Is the applicant now (or has the applicant ever been) the subject of disciplinary or administrative measures with regard to professional malpractice, problems of competence, conduct, etc.?: ❑ Yes □ No
Details:
SIGNATURE OF THE REPRESENTATIVE OF THE REGULATORY AUTHORITY
Signature: Date:
Please affix the seal of the regulatory authority, if available.
N.B. : It is the responsibility of the applicant to request and give the required consent to the regulatory authority responsible for this certificate to be issued and sent directly to the Ordre des optométristes du Québec, at: 1265 Berri,

Suite 505, Montréal, (Québec, H2L 4X4, Canada, fax: 514-499-0524, info@ooq.org

ORDRE DES OPTOMÉTRISTES DU QUÉBEC