

APPLICATION FOR THE ISSUE OF A PERMIT TO PRACTICE OPTOMETRY ON THE BASIS OF A AN EQUIVALENCE OF DIPLOMA OR TRAINING

1. GENERAL INFORMATION

The holding of a doctorate in optometry from the Université de Montréal is required for the issue of a permit to practice optometry by the Ordre des optométristes du Québec and of special permits with respect to the use of medication.

However, a person not holding such a doctorate who considers that the diploma (s) held and/or training received is (are) equivalent to this doctorate may apply to have the Ordre issue such a permit if the person is able to establish that this authorization or equivalence is held in accordance with the applicable legislative and regulatory requirements.

To submit an application, you must provide the Ordre with the following documents:

1. This form, duly completed and signed;
2. A certified cheque or postal money order in the amount of **Canadian** \$689.85 (\$600 + GST and QST), payable to the "Ordre des optométristes du Québec," for the examination of your application and, if conditions are met, for the delivery of the permits (these fees are not refundable).
3. For any authorization with respect to the practice of optometry in a jurisdiction outside Québec to which you refer in the form, a [certificate of professional status](#), duly completed by the responsible regulatory authority and sent directly to the Order;
4. If you are not currently authorized to practice optometry elsewhere in Canada or in the United States, the following documents:
 - a. For any diploma or program of studies to which you refer in this form, an academic record, or one or more documents published by an educational institution including a description of the courses taken with the number of related credits and the marks obtained;
 - b. For any diploma or program of studies to which you refer within this form, the **original or a copy certified as true by the issuing institution** of the corresponding diploma or attestation of studies;
 - c. For any training activity or any examination to which you refer in this form, an attestation of participation or success issued by the responsible agency;
 - d. For any work experience to which you refer in this form, an attestation issued by the employer concerned.

Other documents (such as an [Évaluation comparative des équivalences des études effectuées hors du Québec](#) [comparative evaluation of equivalence of studies performed outside Quebec] from the Gouvernement du Québec may be submitted. You may also attach any other document you consider relevant.

Any document listed above not written in French or English must be accompanied by a translation into French or English attested by a declaration under oath by the person who did the translation. All documents submitted remain the property of the Order, except for the originals of diplomas, which will be returned to the applicant.

The evaluation and processing of the application will be performed in accordance with applicable legislative and regulatory requirements, as a function of the information provided on this form and the related documents. This evaluation may also require you to participate in an interview, take an examination or complete a training period. If partial training equivalence is granted, you will be informed of what training program you must complete to obtain a full equivalence. In due course, any information or decision about your application will be conveyed to you at the email address that you enter in Part 2 below.

Please note that to be issued a regular permit to practice optometry in Québec, a person must have [sufficient knowledge of French](#), in accordance with the requirements of the [Charter of the French language](#) (R.S.Q., c. C-11). However, a temporary permit to practice, valid for a period of at most one year and renewable three times according to certain conditions, may be issued to a person without sufficient knowledge of French. Moreover, participation in an information session on aspects of professional ethics associated with the practice of optometry in Quebec is required prior to the issue of a permit to practice by the Ordre.

2. IDENTIFICATION AND CONTACT INFORMATION

Family name:		First name:	
No. and street:	Apartment:	City:	
Province/State:	Postal code	Country:	
Telephone:	E-mail:		
Date of birth:	Language(s) spoken: French		English
Other(s):			

3. DIPLOMAS HELD AND EDUCATION

Please describe below any diploma you have been issued by an educational institution or any program of studies leading to a diploma that you started which might be relevant for the purposes of this application. You may attach additional pages if necessary.

If you are not presently authorized to practice optometry elsewhere in Canada or the United States, you are required to attach:

- 1) an academic record, or one or more documents published by an educational institution and containing the description of courses taken with the number of related credits and the marks obtained;
- 2) the **original or a copy certified as true by the issuing institution** of the corresponding diploma or attestation of studies.

Diploma title:			
Educational institution:			
City:	Country:	Year obtained or last year completed:	
Diploma title:			
Educational institution:			
City:	Country:	Year obtained or last year completed:	
Diploma title:			
Educational institution:			
City:	Country:	Year obtained or last year completed:	
Diploma title:			
Educational institution:			
City:	Country:	Year obtained or last year completed:	
Diploma title:			
Educational institution:			
City:	Country:	Year obtained or last year completed:	

4. OTHER TRAINING OR EDUCATION ACTIVITIES COMPLETED

Please describe below any training activity, other than what is described in Part 3, that you have completed and which involves a training period or a continuous training or upgrading activity that might be relevant to this application. You can attach additional pages if necessary.

If you are not currently authorized to practice optometry elsewhere in Canada or the United States, you must attach an attestation of participation in a training period and any other continuous training or upgrading activity.

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation :

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation :

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation :

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation :

5. EXAMINATIONS REQUIRED TO PRACTICE OPTOMETRY IN CERTAIN JURISDICTIONS

I have already successfully completed:

Examination of the Optometry Examining Board of Canada Yes No Year:

Examinations of the National Board of Examiners in Optometry (US) Yes No Year:

6. AUTHORIZATION TO PRACTICE OPTOMETRY OR ANOTHER PROFESSION IN QUÉBEC OR IN A JURISDICTION OUTSIDE QUÉBEC

Please indicate below if you are or have been holder of an authorization to practice optometry or another profession in Québec or outside Québec. You may attach additional pages if necessary.

For any authorization to practice **optometry** that you have currently or did have outside Québec, you must ask the regulatory authority responsible to complete and send us directly a certificate of professional status.

Please indicate below if you are or have been holder of an authorization to practice optometry or another profession in Québec or outside Québec. You may attach additional pages if necessary.

- medications for treating eye conditions:	Yes	No
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- medications for treating eye conditions:	Yes	No
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If you are applying for an equivalence of diploma and training, you must attach an attestation issued by the employer concerned.

Year(s) that you held this position:

Year(s) that you held this position:

8. DISCIPLINARY AND JUDICIAL RECORD

Please answer the questions below about your disciplinary or judicial record. You may attach additional pages if necessary.

Have you already been the subject of a disciplinary decision by a professional order or equivalent organization imposing a disciplinary penalty?

Yes No

Name of the professional order or equivalent organization:

Date of the decision: File No.:
 day/month/year

Nature of the offence:

Nature of the penalty:

Length of the penalty: to
 day/month/year day/month/year

Have you ever been found guilty of a criminal offence by a Canadian or foreign court? (Answer "no" if you have obtained a pardon)

Yes No

Court:

District: Province/State: Country:

Date of the decision: File No.:
 day/month/year

Nature of the offence:

Sentence imposed:

9. OTHER RELEVANT INFORMATION

Please mention below any other information relevant to this application and attach any relevant documents. You may attach additional pages if necessary.

10. SOLEMN AFFIRMATION

I, the undersigned, solemnly affirmed that all of the information provided on this form and appearing on the attached documents are true and authentic.

Signature of the person

Date:

identified in Part 2 of this form:

Useful information

- [Charter of the French Language \(CQLR c. C-11\)](#)
- [Professional Code \(CQLR c. C-26\)](#)
- [Regulation respecting the diplomas issued by designated educational institutions which give access to permits or specialist's certificates of professional orders \(CQLR c. C-26, r. 2\)](#)
- [Regulation respecting legal authorizations to practise optometry outside Québec that give access to the permit of the Ordre des optométristes du Québec \(RLRQ, c. O-7, s. 4\)](#)
- [Regulation respecting equivalence standards for the issue of a permit by the Ordre des optométristes du Québec](#)