

**APPLICATION FOR THE ISSUE OF A PERMIT TO PRACTICE OPTOMETRY  
ON THE BASIS OF A LEGAL AUTHORIZATION TO PRACTICE OUTSIDE QUÉBEC  
OR 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 is authorized to practice optometry elsewhere in Canada or the United States or 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 (see the relevant references and regulatory provisions on equivalence standards in Appendix I).

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** \$574.87 (\$500 + GST and QST), payable to the “Ordre des optométristes du Québec,” for the examination of your application. (This amount is not reimbursable; however, \$100 will be deducted from the professional dues for the first registration on the Membership Roll by a applicant who has been issued a permit to practice on the basis of a legal authorization to practice optometry elsewhere in Canada or in the United States);
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 in accordance with Appendix II**, 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 on 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 on this form, an attestation of participation or success issued by the responsible agency;
  - d. For any work experience to which you refer on 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 Ministère de l'Immigration et des Communautés culturelles du Québec may be requested from you at some time. 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 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.

Finally, any request for information about the elements mentioned above may be submitted to the secretary of the Ordre des optométristes du Québec (see contact information at the bottom of this form).

## 2. IDENTIFICATION AND CONTACT INFORMATION

Family name:		First name:	
No. and street:	Apartment:	City:	
Province/State:	Postal code	Country:	
Telephone:	Fax:	E-mail:	
Date of birth:	Language(s) spoken:	French <input type="checkbox"/>	Other(s): English <input type="checkbox"/>

## 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 in the activity:

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation in the activity:

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation in the activity:

Title of the activity:

Organization or person responsible:

City:

Country:

Year of participation in the activity:

## 5. EXAMINATIONS REQUIRED TO PRACTICE OPTOMETRY IN CERTAIN JURISDICTIONS

I have already successfully completed:

Canadian Standard Assessment in Optometry (CSAO)                      Yes  No       Year:  
(Évaluation canadienne standard en optométrie) (ÉCSO)

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

Other: \_\_\_\_\_ 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 pursuant to Appendix I.

Name of the authorized profession:

Name of the jurisdiction (country, province, state):

Validity period of the authorization: from \_\_\_\_\_ to \_\_\_\_\_  
 day/month/year day/month/year

Right regarding the administration or prescription of:

- medications for the purpose of eye examinations: Yes  No
- medications for treating eye conditions: Yes  No

Name of the authorized profession:

Name of the jurisdiction (country, province, state):

Validity period of the authorization: from \_\_\_\_\_ to \_\_\_\_\_  
 day/month/year day/month/year

Right regarding the administration or prescription of:

- medications for the purpose of eye examinations: Yes  No
- medications for treating eye conditions: Yes  No

## 7. WORK EXPERIENCE

Please describe below all work experience relevant to this application. You may attach additional pages if necessary.

If you are applying for an equivalence of diploma and training, you must attach an attestation issued by the employer concerned.

Employer:

Title of position:

Description of the position:

City:

Country:

Year(s) that you held this position:

Employer:

Title of position:

Description of the position:

City:

Country:

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: \_\_\_\_\_  
day/month/year

File No.:

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 judgment: \_\_\_\_\_  
day/month/year

File No.:

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 is true and authentic.

Signature of the person  
identified in Part 2 of this form:

Date:

## APPENDIX I – CONDITIONS FOR ADMISSION TO THE PRACTICE OF OPTOMETRY IN QUÉBEC AND EQUIVALENCE STANDARDS–APPLICABLE LEGISLATION AND REGULATIONS

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The laws and regulations applicable to the conditions for admission to the practice of optometry in Québec and the standards of equivalence for these conditions are the following:

- *Professional Code*, R.S.Q., c. C-26;
- *Optometry Act*, c. O-7;
- *Charter of the French Language*, R.S.Q., c. C-11;
- *Regulation respecting the diplomas issued by designated educational institutions which give access to permits or specialist's certificates of professional orders*, c. C-26, r.1.1;
- *Regulation respecting the legal authorizations to practice optometry outside Québec that give access to the permit of the Ordre des optométristes du Québec*, c. O-7, r.2.02;
- *Regulation respecting equivalence standards for the issue of a permit by the Ordre des optométristes du Québec*, c. O-7, r.4.2.1 (see below)
- *Regulation respecting the standards for the issue and holding of the permit authorizing an optometrist to administer medications*, c. O-7, r.4.3;
- *Regulation respecting the standards for the issue and holding of the permit, authorizing an optometrist to administer and prescribe medications for therapeutic purposes and provide eye care*, O-7, r.4.3.1.

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c. O-7, r.12

### Regulation respecting equivalence standards for the issue of a permit by the Ordre des optométristes du Québec

**Optometry Act** (R.S.Q., c. O-7, s. 3)

**Professional Code** (R.S.Q., c. C-26, s. 93, pars. c and c.1)

#### DIVISION I

#### PROCEDURE FOR RECOGNITION OF EQUIVALENCE

**1.** The secretary of the Ordre des optométristes du Québec shall forward a copy of this Regulation to those who ask that their diploma issued by an educational institution outside Québec or their training be recognized as equivalent.

\_\_\_\_\_  
D. 452-99, s. 1.

**2.** A person who wishes to be granted a diploma or training equivalence shall provide the secretary of the Order with the following documents that are necessary to support his application, together with the file processing fees prescribed by a resolution adopted under paragraph 8 of section 86.0.1 of the Professional Code (R.S.Q., c. C-26):

1° his academic record, including a description of the courses taken with the number of related credits and the marks obtained;

2° an attestation that he has participated in a professional training period or any other continuous training or upgrading activity;



- 3° proof that the diploma was obtained;
- 4° an attestation and a description of any relevant work experience.

The person may provide any other document he considers useful.

D. 452-99, s. 2.

**3.** Any document sent in support of an application for diploma or training equivalence and not written in French or English shall be accompanied by a French or English translation attested by a declaration under oath by the person who did the translation.

In this Regulation,

“diploma equivalence” means the recognition by the Order that a diploma issued by an educational institution outside Québec demonstrates that a person has acquired a level of knowledge and ability that is equivalent to the level acquired by the holder of a diploma recognized by the regulation of the government made under the first paragraph of section 184 of the Code as giving access to the permit;

“training equivalence” means the recognition by the Order that a person's training demonstrates that he has acquired a level of knowledge and ability that is equivalent to the level acquired by the holder of a diploma recognized by regulation of the government made under the first paragraph of section 184 of the Code as giving access to the permit.

D. 452-99, s. 3; D. 395-2009, s. 1.

**4.** The secretary shall forward the documents mentioned in section 2 to the committee formed by the board of directors to examine applications for diploma or training equivalence and to make recommendations to the executive committee. The committee shall be composed of at least 3 optometrists who have been entered on the roll of the Order for more than 5 years. For the purposes of making an appropriate recommendation, this committee may ask the person to participate in an interview, pass an examination or complete a training period.

The executive committee makes one of the following decisions at the first regular meeting following the date on which a recommendation is received from the committee:

- 1° recognize diploma or training equivalence;
- 2° recognize partial training equivalence;
- 3° refuse to recognize diploma or training equivalence.

D. 452-99, s. 4; D. 395-2009, s. 2.

**5.** Within 30 days of its decision, the executive committee must inform the person concerned of the decision in writing and, should this decision consist in recognizing partial equivalence or not recognizing equivalence, it must inform said person, in consideration of his current level of knowledge and ability, of the education programs, training or examinations that he must successfully complete within the time period set by the executive committee in order to obtain equivalence.

D. 452-99, s. 5; D. 395-2009, s. 3.





