

Contact Lens Mentor Application Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest. All required information is marked with an asterisk (*). Please complete all sections below.

A. Personal Information

		* Registration Number	
* Last Name	* First Name	Middle Name	
* I am applying to become a contact lens mentor for:	<input type="checkbox"/> Soft Fittings	<input type="checkbox"/> Rigid Fittings	<input type="checkbox"/> Soft & Rigid Fittings

B. Usual Place of Practice

Business Name		Street Number	Street Name	
Unit Number	City		Province	Postal Code
Business Phone		Business Fax		Business Email

C. Dispensing Experience

* Number of years registered as an Optician with the College of Opticians of Ontario:	* Number of years <u>actively and currently</u> fitting contact lenses:
* Are you a member in good standing with the College of Opticians?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you presently work in a practice which includes dispensing contact lenses as part of the services offered to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* How many soft contact lens fittings have you performed in the past 3 years?	
* How many rigid contact lens fittings have you performed in the past 3 years?	

Type of contact lens dispensed: (Please check all applicable boxes below)

<input type="checkbox"/> Soft Spheres	<input type="checkbox"/> Soft Toric	<input type="checkbox"/> Rigid Contact Lens
<input type="checkbox"/> Therapeutic	<input type="checkbox"/> Bifocals	<input type="checkbox"/> Prosthetic
<input type="checkbox"/> Toric Rigid Contact Lens	<input type="checkbox"/> Other:	

D. Agreements

* Do you agree to be added to an official registry of contact lens mentors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you give permission to the College of Opticians of Ontario to inspect contact lens files for verification of required fittings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you agree to only supervise the contact lens fittings you are approved to supervise?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form is two (2) pages. Please complete BOTH pages before submitting to the College of Opticians of Ontario.

* Do you agree to renew your contact lens mentor status prior to the date of expiration or to cease to supervise the contact lens fittings of student and intern opticians' (including signing the contact lens portion of the fittings logbooks) should you decide not to renew your contact lens mentor status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you agree <u>not</u> to charge a fee to sign logbooks or to supervise student/ intern opticians'?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Signature

I state that the above information is correct and true.

* Optician Signature:	* Date:
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Please be advised you must first receive written confirmation from the College of Opticians that you are approved as a Contact Lens Mentor before you begin the supervision of student and intern opticians for contact lens fittings and signing of the contact lens portion of their Fittings Logbook.

Please mail this application to:
 The College of Opticians of Ontario
 85 Richmond Street West, Suite 902
 Toronto, ON M5H 2C9

For Office Use Only—DO NOT WRITE IN THIS AREA

Approved as contact lens mentor for : <input type="checkbox"/> Soft Fittings <input type="checkbox"/> Rigid Fittings <input type="checkbox"/> Soft & Rigid Fittings	Approval date:
Approved by:	Date of Expiration:

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