



## Quality Assurance Credit Slip Request 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. Please complete all sections below.

A. Provider Information			
Name		Name of Organization	
Street Number		Street Name	Unit / Suite Number
P.O. Box	City	Province	Postal Code
Phone		Fax	Email
B. Accredited Activity Details			
Activity Title			
Activity Number	Credit Number and Type		Date of Presentation
Authorized Sponsor Representative Name			
Authorized Sponsor Representative Phone			
C. Signature			
Signature		Date	
_____			
_____			
D. Payment and Shipping Information			
Number of Credit Slips _____ X <b>\$0.28 per credit slip</b>			
Method of Payment			
<input type="checkbox"/> Cheque (must be submitted with this form)			
<input type="checkbox"/> Money Order (must be submitted with this form)			
<input type="checkbox"/> Credit Card (VISA or MASTERCARD only)			
Shipping Method			
<input type="checkbox"/> Regular Mail <input type="checkbox"/> Courier			
If Courier			
<input type="checkbox"/> FedEx <input type="checkbox"/> Purolator			
Account Number to be Charged			

**E. Credit Card Authorization – to be completed ONLY if using this method of payment**

Last name (if different from that in Section A)		First Name (if different from that in Section A)	
Type of Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		Total Amount to be Charged	
Card Number □□□□ □□□□ □□□□ □□□□			
Exp. Date □□ / □□	Signature for Authorization of Payment		

**BEFORE MAILING THIS FORM, PLEASE ENSURE THAT**

- You have completed all applicable sections of this form
- You have signed and dated section C
- You have included the **correct payment amount** by either cheque, money order or credit card
- If you are paying by credit card, that you have included your card number, expiry date and **SIGNATURE** (we cannot process your payment without these)

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

<b>For Office Use Only – DO NOT WRITE IN THIS AREA</b>			
Date Received	INT	Date Charged	INT
Date Mailed	INT	Tracking Number (if applicable)	