

## Undertaking Form

Please PRINT all information clearly. 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

### B. Optician Declaration and Signature

\* I \_\_\_\_\_ (please print name) hereby undertake to the College of Opticians of Ontario that I will **NOT** engage in the practice of opticianry, including the dispensing of Eye Glasses, Contact Lenses, and Subnormal Vision Devices and the supervision or direction of a registered student optician or a registered intern optician, in Ontario, during the year **2011**. I understand that a breach of this undertaking shall be considered an act of professional misconduct for the purposes of clause **51(1) (C)** of the **Health Professions Procedural Code**.

* Optician Signature:	* Date:
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\* Signed at (Location/ including province or country):

### C. Witness Information

\*Witness information/ signature is requested to confirm the authenticity of the signature of the member.

* Registration Number (If a Member of the College of Opticians)	* Last Name	
* First Name	Middle Name	* Occupation of witness

### D. Witness Address

* Street Number	* Street Name	Unit/ Apartment No.	
P.O. Box	* City	Province	* Postal Code
* Home Phone	Home Fax	Email	

### E. Witness Signature

* Witness Signature:	* Date:
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**PLEASE NOTE:** This UNDERTAKING expires December 31, 2011, or once the member provides the prescribed Certificate of Being Insured Under a Professional Liability Insurance Policy Form and immediate notification to the College, in writing. A new UNDERTAKING must be provided each year, if applicable.

Please mail or fax this form to:  
The College of Opticians of Ontario  
85 Richmond Street West, Suite 902  
Toronto, ON. M5H 2C9  
Fax: 416-368-2713 OR 1-800-990-9698