

## UNDERTAKING FORM

Please PRINT all information clearly. The College understands the importance of protecting personal information. 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 <b>NOT</b> 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 <b>2012</b> . I understand that a breach of this undertaking shall be considered an act of professional misconduct for the purposes of clause <b>51(1) (C)</b> of the <b>Health Professions Procedural Code</b>			
* Optician Signature:		* Date:	
* 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:	
<b>PLEASE NOTE:</b> This UNDERTAKING expires December 31, 2012, 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. 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