

B. EDUCATION RECORD

1. Doctor of Optometry Degree or the comparable degree of _____ awarded by _____ of the _____ of _____, 20____.

(day) (month)

2. List additional qualifications (degrees, fellowships, certificates)

Qualifications	Institution	Date
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C. PRACTICE RECORD

Please complete this section by listing the jurisdiction (i.e. province, state) in which you were licensed and have practiced in the past five years.

LOCATION	DATES OF PRACTICE IN THAT LOCATION
_____	_____
_____	_____
_____	_____

Please have the enclosed CERTIFICATE OF STANDING FORM(S) completed by the most recent licensing authority-listed above and sent directly to the Nova Scotia College of Optometrists.

D. To THE NOVA SCOTIA COLLEGE OF OPTOMETRISTS

I, _____ of the _____ of _____ in the county of _____, Province/State of _____ DO SOLEMNLY DECLARE:

That, if granted a certification of registration, it will be issued as a non-practicing, non-voting member of the Nova Scotia College of Optometrists. I will continue to maintain the dignity and honour of the profession.

That, I believe all of the above statements to be true and knowing that it is of the same force and effect as made under oath and by virtue of the Canada Evidence Act.

Declared before me at _____ Province of _____

this _____ day of _____, 20____.

A Commissioner, etc., or Notary Public (Seal)

Signature of Applicant

NOTE: The NSCO non-practicing membership fee is \$50.00 +HST per year