



ALBERTA college  
of OPTOMETRISTS

## **NEW GRADUATE FROM AN ACCREDITED SCHOOL OF OPTOMETRY**

### **APPLICATION CHECKLIST, PRELIMINARY APPLICATION FORM & STATUTORY DECLARATION**

1. **Preliminary Application Registration Fee** - The Preliminary Application Registration Fee is \$400.00 (Canadian funds only). The ACO office accepts VISA, MasterCard, money orders, cheques or cash.
2. **Official Transcripts** - Please ensure that official copies of all of your post-secondary transcripts are forwarded to the ACO office. You may request that the University send your transcript(s) directly to the ACO office or have them sent to you. If the transcript(s) is sent directly to you, you must forward this documentation to the ACO office in its **original sealed envelope**. Opened or unsealed envelopes will not be accepted. Official transcripts include courses taken during your B.Sc., M.Sc., O.D., Ph.D. or other equivalent program(s).
3. **Certification** - The ACO requires that all new Regulated Members be TPA certified and Advanced Scope certified (definitions on page 5). A Practice Permit will not be issued unless the applicant is both TPA and Advanced scope certified.
4. **CPR Certification**- A copy of your current (Level C) Health Care Practitioner (HCP) Cardiopulmonary Resuscitation (CPR) Certificate must accompany your application. CPR certificates are available from a variety of providers such as Red Cross, Heart & Stroke Foundation, YMCA, St. John's Ambulance, etc.
5. **ACO Jurisprudence Exam** - The ACO Jurisprudence Exam is a one hour, closed book exam based on provincial legislation (available on the ACO website) and ACO Standards of Practice. It is structured in a true/false and multiple choice format. The exam can be written:
  - a) At the Alberta College of Optometrists office in Edmonton; or,
  - b) At the office of a member of the ACO Registration Committee in Calgary.

Please contact the Alberta College of Optometrists office for registration and additional information about this process.

6. **Criminal Records Check** - The ACO requires a Criminal Records Synopsis that includes a Vulnerable Sector Search for all new applicants. The fee for obtaining this document from the Royal Canadian Mounted Police (RCMP) or local Police Detachment is the responsibility of the applicant. Please visit [www.rcmp-grc.gc.ca](http://www.rcmp-grc.gc.ca) for further information on this requirement. You must forward this documentation directly to the ACO office in its **original sealed envelope**. Opened or unsealed envelopes will not be accepted.
7. **Recent Notarized Picture**: Must be included with your application package.
8. **Optometry Degree and/or Diploma** – Please forward a certified copy of your optometry Degree and/or Diploma. Copies are considered certified when they are notarized by a lawyer, public notary, Justice of the Peace, University official or Commissioner of Oaths.
9. **National Optometry Board Exam** – If you are a graduate of an accredited School of Optometry (those located in Canada or the US), you may apply directly to the Optometry Examining Board of Canada (OEBC) to challenge the OEBC exam. Please visit [www.oebc.ca](http://www.oebc.ca) regarding prerequisites, exam dates, fees, etc. A directory of accredited Schools of Optometry is also listed on the ACO website. Once you have successfully passed the OEBC Exam, please mail (or drop off) one original copy of your successful completion to the Alberta College of Optometrists office (as fax and email scan copies are not accepted).

***PLEASE COMPLETE AND SUBMIT YOUR PRELIMINARY APPLICATION FORM, STATUTORY DECLARATION, APPLICATION FEE AND REQUIRED DOCUMENTS (AS NOTED ABOVE) TO:***

**The Alberta College of Optometrists  
#102, 8407 Argyll Road NW  
Edmonton, Alberta  
T6C 4B2**

Should you require additional information please contact:

**Dr. Gordon Hensel**

Registrar and CEO

Tel: (780) 466-5999 or E-Mail [registrar@collegeofoptometrists.ab.ca](mailto:registrar@collegeofoptometrists.ab.ca)

- or -

ACO General Administrative Office

Tel: (780) 466-5999 or E-Mail [admin@collegeofoptometrists.ab.ca](mailto:admin@collegeofoptometrists.ab.ca)

Visit our website at [www.collegeofoptometrists.ab.ca](http://www.collegeofoptometrists.ab.ca) for additional information about the practice and governance of the profession of Optometry in Alberta.



## **PRELIMINARY APPLICATION REGISTRATION CHECKLIST**

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- Completed, Signed and Dated Preliminary Application Registration Form**
  - Completed, Signed and Dated Statutory Declaration**
  - Attach Preliminary Application Registration Fee (Canadian funds only)**
  - Official Transcripts of all Post-Secondary Pre-Optometry Programs**
  - Official Transcript of Optometry Program**
  - Certified Copy of Optometry Degree and/or Diploma**
  - Original Copy (with official seal) of OEBC results**
  - Current CPR Certificate – Health Care Professional (HCP) Level C**
  - RCMP or Local Police Detachment Criminal Records Check which includes a Vulnerable Sector Search**
  - ACO Jurisprudence Exam**
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## NEW GRADUATE (ACCREDITED OPTOMETRY SCHOOL) PRELIMINARY APPLICATION REGISTRATION FORM

Please be advised that that by signing this form you hereby authorize and consent to the collection, use and disclosure of your personal information as described in the ACO Privacy Policy. This form cannot be processed if not signed and dated.

### 1. PERSONAL INFORMATION:

Name: \_\_\_\_\_  
[Surname] [Given Name(s)]

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
[postal code]

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
[postal code]

Home Telephone No. ( ) \_\_\_\_\_

Personal Cell Number ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male [ ] Female [ ]  
month day year

Current E-Mail Address: \_\_\_\_\_

Permanent E-Mail Address: \_\_\_\_\_

Have you ever tested positive for HIV	yes [ ]	no [ ]
Have you ever tested positive for Hepatitis B	yes [ ]	no [ ]
Have you ever tested positive for Hepatitis C	yes [ ]	no [ ]

## 2. ACADEMIC INFORMATION:

### Pre-Optometry Education:

Degree	Date	School
Degree	Date	School

### Optometry Education:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Program Commenced: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
(month / day / year)

## 3. CERTIFICATION

The ACO requires all new Regulated Members to be TPA and Advanced Scope certified. Graduating from an accredited School of Optometry and passing the OEBC exam automatically qualifies you as being TPA and Advanced Scope certified.

Please Note: Applicants who have just graduated from an accredited School of Optometry and have registered in another Canadian province with the NBEO cannot use this registration form to apply for licensure in Alberta. They must use the Existing Practitioner from Another Province Registration form and meet those requirements.

## 4. CPR CERTIFICATION

CPR Certificate - Please attach a copy of your current CPR certificate - Health Care Practitioner (HCP) Level C.

## 5. ACO JURISPRUDENCE EXAM

Please note that study materials for this exam are the Health Professions Act, Optometrists Profession Regulation, ACO Bylaws, ACO Standards of Practice, ACO Continuing Competence Program and the ACO Continuing Education Requirement. All of these documents can be accessed on the ACO website under the Resources or Quick Links tabs at [www.collegeofoptometrists.ab.ca](http://www.collegeofoptometrists.ab.ca).

Please indicate your preference to challenge the ACO Jurisprudence Exam:

- I wish to challenge the ACO Jurisprudence Exam in the ACO office in Edmonton.
- I wish to challenge the ACO Jurisprudence Exam at the office of a member of the ACO Registration Committee in Calgary.

**6. EVIDENCE OF GOOD CHARACTER**

Canadian Police Information Centre (CPIC) Criminal Records Synopsis: To be obtained by you from the RCMP or local police detachment and submitted to the ACO office.

Have you ever been found guilty of a criminal offense in any jurisdiction:  yes  no

Have you ever had your license or registration refused or rejected in any jurisdiction:  yes  no

Have you ever had any disciplinary action in any other jurisdiction:  yes  no

Practice Information: List jurisdiction(s) in Canada or elsewhere in which you are now, or ever had been registered as a practicing optometrist:

**7. PLEASE ATTACH A RECENT NOTARIZED PICTURE OF YOURSELF IN THIS SPACE:**



Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**STATUTORY DECLARATION**

In the matter of my preliminary application to the Alberta College of Optometrists for academic approval for registration:

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name) (City/Town)

in the Province/State of \_\_\_\_\_ DO SOLEMNLY DECLARE:

[1] That I was born on \_\_\_\_\_ at \_\_\_\_\_  
[month day year] [place]

Immigration status in Canada \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[2] That I am the person referred to in the documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications;

and

[3] That the following is a true chronological summary of my post-secondary educational history, giving names of institutions attended, dates of attendance and degrees or diplomas achieved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the “Canada Evidence Act”.

[4] I have previously challenged and passed the OEBC, CACO or CSAO Examinations and I hereby list all of the previous dates.

\_\_\_\_\_  
[date] [exam name] [test location]

\_\_\_\_\_  
[date] [exam name] [test location]

\_\_\_\_\_  
[date] [exam name] [test location]

(If applicable please list all other dates/locations on a separate paper)

Declared before me at \_\_\_\_\_

in the Province/State of \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Declarant's Signature

\_\_\_\_\_  
Commissioner for Oaths, Notary Public or Justice of the Peace in

and for the Province/State of \_\_\_\_\_.