



ALBERTA college  
of OPTOMETRISTS

## **NEW GRADUATE FROM A NON-ACCREDITED SCHOOL OF OPTOMETRY**

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

**International Optometric Bridging Program** - Please be advised that all graduates located outside of Canada, Puerto Rico and the United States are required to successfully complete the International Optometric Bridging Program (IOBP) at the University of Waterloo before being allowed to challenge the Canadian Assessment of Competency in Optometry (CACO) exam and apply for preliminary application with the ACO.

Please visit their website at [www.optometry.uwaterloo.ca/iobp](http://www.optometry.uwaterloo.ca/iobp) for course information, application process, fees, etc. After successful completion of the IOBP program please forward a certified copy of your *Letter of Successful Completion* to the ACO office.

1. **Preliminary Registration Fee** - The Preliminary Registration Fee is **\$400.00** (Canadian funds only). Please attach your cheque or money order when mailing your Preliminary Registration Form, Statutory Declaration and all other required documents to the ACO office.
2. **TPA Certification**-The ACO requires all new regulated members to be TPA certified. TPA certification is assessed on an individual basis for IOBP graduates.
3. **Official Transcripts** - Please ensure that official copies of **all** of your post-secondary transcripts are forwarded to the ACO office. 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). Alternatively, if you have already provided copies of your transcript to the IOBP, please request that the IOBP forward a copy to the ACO office
4. **CPR Certificate** - All applications must have a current Health Care Practitioner (HCP) Cardiopulmonary Resuscitation (CPR) Certificate. CPR certificates are available from a variety of sources such as Red Cross, Heart & Stroke Foundation, YMCA, St. John's Ambulance, etc.

5. **ACO Jurisprudence Exam** - The jurisprudence exam is a one hour, closed book exam based on provincial legislation and is structured in a true/false and multiple choice format. The exam can be written:
  - a) at the same time as the CACO exams at the University of Waterloo or the University of Montreal;
  - b) at the Alberta College of Optometrists office in Edmonton; or,
  - c) at a remote location in North America to be proctored by an approved proctor. Please contact the Alberta College of Optometrists office for additional information about this process.
  
6. **Criminal Records Check** - The ACO requires a Criminal Records Synopsis for all new applicants. The fee for obtaining this document from the Royal Canadian Mounted Police (RCMP) 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 to the ACO office in its original sealed envelope. Opened or unsealed envelopes will not be accepted.
  
7. **Notarized Picture**: Must be included with your application package
  
8. **Post-Secondary Degree and/or Diploma** - Please forward a certified copy of all post-secondary degrees or diplomas. This certification **MUST** be notarized by a lawyer, public notary, Justice of the Peace, University official or Commissioner of Oaths. Alternatively, if you have already provided a copy of your degree or diploma to the IOBP, you may request that the IOBP forward a copy to the ACO office.
  
9. **Canadian Assessment of Competency in Optometry (CACO)** - After successfully completing the IOBP, you are allowed to register with the Canadian Examiners in Optometry (CEO) to challenge the CACO exam. Please visit [www.ceo-eco.org](http://www.ceo-eco.org) regarding prerequisites, exam dates, fees, etc. Once you have successfully passed the CACO, please mail one original copy (affixed with the official CEO seal) of your successful completion to the ACO office (as fax and email scans copies are not accepted).

***PLEASE COMPLETE YOUR APPLICATION FORM AND STATUTORY DECLARATION;  
ENCLOSE THE APPLICATION FEE AND THE REQUIRED DOCUMENTS (AS NOTED ABOVE),  
AND, MAIL OR COURIER 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 -

**Ms Julie Berghuys**, Administrative Assistant  
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 governance and practice of Optometry in Alberta.



## **PRELIMINARY REGISTRATION CHECKLIST**

---

- Completed, Signed and Dated Preliminary Registration Form**
  - Completed, Signed and Dated Statutory Declaration**
  - Attach Preliminary Registration Fee (cheque or money order – Canadian funds only)**
  - Official Transcripts of all Post-Secondary Pre-Optometry Programs**
  - Official Transcript of Optometry Program**
  - Certified Copy of Optometry Degree or Diploma**
  - Certified Copy of Letter of Successful Completion of International Optometric Bridging Program (IOBP)**
  - Original Copy (with official CEO seal) of CACO Exam Results**
  - Current CPR Certificate – Health Care Professional (HCP) Level**
  - RCMP Criminal Records Check**
-



## 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: \_\_\_\_\_

IOBP: Date Commenced: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## 3. TPA CERTIFICATION

All new regulated members must be TPA certified. TPA certification is assessed on an individual basis for IOBP graduates.

## 4. CPR CERTIFICATION

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

## 5. ACO JURISPRUDENCE EXAM

Please indicate your preference to challenge the ACO Jurisprudence exam.

- I wish to challenge the ACO Jurisprudence Exam at the same time as the CACO exams in Montreal or Waterloo.
- I wish to challenge the ACO Jurisprudence Exam in the ACO office in Edmonton.
- I wish to challenge the ACO Jurisprudence Exam at a remote location in North America administered by a proctor approved by the ACO.

If you wish to have the exam proctored in your community, please provide the name and address of the proctor plus the time and date you have arranged with this individual. The proctor must be a professional person, but not an optometrist. Application must be made via this form before the jurisprudence exam can be forwarded to your chosen proctor.

Any cost associated with the appointment of a proctor outside of the College is the financial responsibility of the applicant.

Proctor Name: \_\_\_\_\_

Proctor's Mailing Address: \_\_\_\_\_

\_\_\_\_\_ [postal code]

Time & Date I have selected to undertake the exam: \_\_\_\_\_

**(PLEASE NOTE\* Allow at least 4 weeks after your application is forwarded to the ACO office before selecting the time and date. This time frame is required to ensure that your chosen proctor receives a copy of the ACO jurisprudence exam in ample time prior to the date you have selected.)**

## **6. EVIDENCE OF GOOD CHARACTER**

Canadian Police Information Centre (CPIC) Criminal Records Synopsis: (Please check)  
 To be submitted by the RCMP directly to the Alberta College of Optometrists

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 notarized picture of yourself in this space.**



Time

Date

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



## STATUTORY DECLARATION

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

I, \_\_\_\_\_, of \_\_\_\_\_  
(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 hereby attest that I have **never** challenged the CSAO or CACO Examinations before the date of this declaration.

-or-

I have **previously** challenged the CSAO or CACO Examinations and I hereby list all of the previous dates.

\_\_\_\_\_ [date] \_\_\_\_\_ [Applicant from which province]

\_\_\_\_\_ [date] \_\_\_\_\_ [Applicant from which province]

\_\_\_\_\_ [date] \_\_\_\_\_ [Applicant from which province]

[5]  I hereby attest that I successfully completed the IOBP during the following dates:

Date Commenced \_\_\_\_\_ Date Completed \_\_\_\_\_

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 \_\_\_\_\_.