

**VOLUNTEER PROFILE/APPLICATION**

<b>1. First Name:</b>		<b>Last Name:</b>	
<b>2. Address (Practice)</b>		<b>Address (Home)</b>	
Street		Street	
Suite/Unit:		Suite/Unit:	
City/Province:		City/Province:	
Postal Code:		Postal Code:	
Phone (Business):		Phone (Cell):	Preferred Address Correspondence <input type="checkbox"/> Practice <input type="checkbox"/> Home
Email:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>3. INTERESTS</b>			
Languages Fluent in (i.e. are you able to examine French-speaking candidates)		<input type="checkbox"/> English <input type="checkbox"/> French	
Type of Practice	<input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Multi-practitioner	Area(s) of Practice Interest:	
Location of Practice	<input type="checkbox"/> Large City <input type="checkbox"/> Small City <input type="checkbox"/> Rural (Please pick one)	I am available to volunteer as an examiner (assessor) in:	<input type="checkbox"/> May <input type="checkbox"/> November
I'm interested in:	<input type="checkbox"/> Exam Administration (OSCE Examiner) <input type="checkbox"/> Exam Development (Writing Items, Standard Setting, etc.) <input type="checkbox"/> Board of Directors	Other (Please list below):	
I have successfully completed the CACO/CSAO		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed (mm/yy):
<b>4. EDUCATION</b>			
School of Optometry attended:		Year of OD degree:	
Other degree(s) <input type="checkbox"/> n/a			
<b>5. REGISTRATION</b>			
Currently Registered in:	<input type="checkbox"/> BC <input type="checkbox"/> AB <input type="checkbox"/> SK <input type="checkbox"/> MA <input type="checkbox"/> ON <input type="checkbox"/> QC <input type="checkbox"/> NB <input type="checkbox"/> NS <input type="checkbox"/> PEI <input type="checkbox"/> NL	Initial Year Registered	
<b>6. DECLARATION OF PROFESSIONAL INVOLVEMENT</b>			
6.1. Are you a member in good standing with the province(s) in which you are practicing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2. I graduated with a Doctor of Optometry degree 3 or more years ago			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answer "yes" to any of the following questions, please provide details in the space provided on the next page – this information is for volunteer placement purposes and answering "yes" does not automatically disqualify you from volunteering with OEBC.</b>			
6.3. Have you been found guilty of professional misconduct or a criminal matter, or are there presently allegations of professional misconduct, civil or criminal proceedings against you? (If "yes" provide details on second page)			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4. I am involved with an optometry regulatory body <i>*Check all that apply*</i> Involved in: <input type="checkbox"/> Registration/Licensing <input type="checkbox"/> QA <input type="checkbox"/> Complaints/Prof. Conduct <input type="checkbox"/> Other My role: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Board/Council <input type="checkbox"/> Committee or Panel (standing/ad hoc/operating)			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5. I am involved with an optometry association (national/provincial), or an industry organization			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6. I am involved with optometry credentialing/assessment of credentials of internationally educated			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7. I am currently or have in the past 3 years been involved with the development or delivery of other ("non OEBC") assessments of competence and/or knowledge in optometry			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8. I am serving or have performed in an educational capacity with an ACOE-accredited optometry program, optometry bridging program or optometry school within the past 3 years			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9. I am involved with development or delivery of test prep materials (e.g. "practice exams" for licensure)			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.10. Are you a part of (e.g. staff/director) of an Industry/Professional Corporations/Buying Group?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If you answered "Yes" to questions 6.3 – 6.10, please use the space below to further explain.</p>		
<p>I understand that if I become a OEBC volunteer that I may not perform a similar function for a competing group and/or another exam related to entering practice in optometry at least 3 years from serving as a OEBC volunteer.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Photos:</b></p> <p><input type="checkbox"/> To opt out of the photo release, please check this box. By volunteering with OEBC I give permission to use any photograph(s) and/or video(s) made of me for purposes, including promotion &amp; publicity in print and electronic environments</p>		
<p>I acknowledge that should any of the above information change during my involvement with OEBC, I will notify OEBC promptly.</p>		
<p>Handwritten Signature:</p>		<p>Date:</p>
<p><b>Send completed form to:</b> exams@oebc.ca   <b>Fax:</b> 905 642 3786   <b>Mail:</b> 403-37 Sandiford Dr, Stouffville, ON L4A 3Z2</p>		
<p><i>Privacy &amp; Your Personal Information</i>          OEBC's role is to assess competence in the practice of optometry in Canada. For examination staff and volunteers, the primary purpose of collecting and maintaining personal information is to ensure appropriate resources to conduct assessments and to communicate appropriately with them. These individuals may receive communications from OEBC through email, postal mail or fax. Examples of personal information we collect for this purpose includes name, email address, mailing address, phone number, education as well as professional information. OEBC recognizes the importance of privacy of personal information. OEBC is committed to collecting only the information that it needs and protecting any personal information that it holds.</p>		