

# INDICATOR OF CURRENT LEARNING IN OPTOMETRY

## Registration Form

<b>ICLO Administration Schedule</b> <i>(Please indicate assessment location/date and preferred language):</i>		<input type="checkbox"/> French	<input type="checkbox"/> English
<input type="checkbox"/> NB/Moncton (NBAO AGM) – 19 September 2009	<input type="checkbox"/> QC/Montreal – 17 January 2010		
<input type="checkbox"/> BC/Vancouver (BCCO CE Weekend) – 17 October 2009	<input type="checkbox"/> NS/Halifax – 27 February 2010		
<input type="checkbox"/> AB/Calgary – 16 January 2010	<input type="checkbox"/> ON/Ottawa – 27 February 2010		
<input type="checkbox"/> SK/Regina – 16 January 2010	<input type="checkbox"/> NL/St. John's – 28 February 2010		
<input type="checkbox"/> AB/Edmonton – 17 January 2010	<input type="checkbox"/> ON/Toronto – 28 February 2010		
<input type="checkbox"/> SK/Saskatoon – 17 January 2010	<input type="checkbox"/> AB/Banff (Joint CE conf B CAO & AAO) – May 2010 <i>(to be confirmed)</i>		

<b>Given Name</b>		<b>Surname</b>	
<b>Address</b>			<b>License Jurisdiction</b> <i>(Province)</i>
<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
<b>Telephone</b>		<b>Email</b>	

**PERSONAL DECLARATION**

*I have agreed to participate in this administration of the Indicator of Current Learning in Optometry (ICLO) with the understanding that its sole purpose is to provide me with an evaluation of my current level of optometric knowledge and its clinical application as a personal reference tool for professional development. I have provided my name and address for the sole purpose of receiving a mailed confidential copy of my ICLO Learning Profile and I understand that my personal performance results for this assessment will not be shared with any person(s) or organization(s) without my written consent. However, I am aware that my results may be used anonymously within cumulative ICLO analysis reports and that, where I have successfully demonstrated competence in some or all areas of the ICLO assessment, my name may be published in acknowledgement of my achievement.*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Method of Payment (\$450<sup>00</sup>):</b>		<input type="checkbox"/> Cheque <i>(payable to Canadian Examiners in Optometry)</i>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Credit Card #:	_____	Expiry Date:	_____ / _____	
Printed Name:	_____	Signature:	_____	

A generous portion of all ICLO Administration costs are paid for by CIBA Vision Canada. CIBA Vision has a genuine interest in helping you maintain and improve your practice and advancing the Canadian profession. They support the ICLO because it represents a unique and excellent opportunity for optometrists to facilitate their continuing competence and clinical proficiency.



**CANADIAN EXAMINERS IN OPTOMETRY (ICLO)**  
 6085 Main Street, Stouffville, Ontario Canada L4A 3R4  
 Telephone: 905/642-8737 Facsimile: 905/642-3786



*Confirmation of your registration and additional ICLO administration details will follow via email*