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| **Volunteer Profile/Application** |
| 1. **First Name:**
 |       | **Last Name:** |       |
| 1. **Address (Practice)**
 | **Address ( Home)** |
| Street  |       | Street |       |
| Suite/Unit:  |       | Suite/Unit: |       |
| City/Province: |       | City/Province: |       |
| Postal Code: |       | Postal Code:  |       |
| Phone (Business):  |       | Phone (Cell): |       | Preferred Address Corresponse |  [ ]  Practice [ ]  Home |
| Email:  |       | Gender: [ ]  Female [ ]  Male  |
| 1. **INTERESTS**
 |
| Languages Fluent in ((i.e. are you able to examine French-speaking candidates) |  [ ]  English [ ]  French |
| Type of Practice |  [ ]  Sole Practitioner [ ]  Multi-Practitioner  | Area(s) of Practice Interest: |       |
| Location of Practice |  [ ]  Large City [ ]  Small City [ ]  Rural (Please pick one) | I am available to volunteer as an assessor (examiner) in: |  [ ]  April [ ]  May  [ ]  October |
| I’m interested in: | [ ]  Exam Administration (Skills Assessor)[ ]  Exam Development (Writing Items, Standard Setting, etc.)[ ]  Other (Please list in the next box) | Other:      |
| I have successfully completed the CACO/CSAO | [ ]  Yes [ ]  No | Date completed (mm/yy):  |       |
| 1. **Education**
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| School of Optometry attended:  |       | Year of OD degree:  |       |
| Other degree(s) [ ]  n/a |       |
| 1. **Registration**
 |
| Currently Registered in:  |  [ ]  BC [ ]  AB [ ]  SK [ ]  MA [ ]  ON  [ ]  QC [ ]  NB [ ]  NS [ ]  PEI [ ]  NL  | Initial Year Registered |       |

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| 1. **DECLARATION OF PROFESSIONAL INVOLVEMENT**
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| Are you a member in good standing with the province(s) in which you are practicing? |  [ ]  Yes [ ] No  |
| I graduated with a Doctor of Optometry degree 5 or more years ago |  [ ]  Yes [ ]  No |
| **If “yes” to any of the following, provide details in a separate sheet – this information is for volunteer placement purposes and answering yes does not automatically disqualify you from volunteering with CEO-ECO.** |  |
| 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) |  [ ]  Yes [ ]  No |
| I am involved with an optometry regulatory body *\*Check all that apply\** Involved in: [ ]  Registration/Licensing [ ]  QA [ ]  Complaints/Prof. Conduct [ ]  Other My role: [ ]  Staff [ ]  Volunteer [ ]  Board/Council [ ]  Committee or Panel (standing/ad hoc/operating) |   [ ]  Yes [ ]  No |
| I am involved with an optometry association (national/provincial), or an industry organization  |  [ ]  Yes [ ]  No |
| I am involved with optometry credentialing/assessment of credentials of internationally educated |   [ ]  Yes [ ]  No |
| I am involved with the development or delivery of other *(“non CEO-ECO”)* assessments of competence and/or knowledge in optometry |   [ ]  Yes [ ]  No |
| 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 two years  |   [ ]  Yes [ ]  No |
| I am involved with development or delivery of test prep materials (e.g. “practice exams” for licensure) |  [ ]  Yes [ ]  No |

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| I acknowledge that should any of the above information change during my involvement with CEO-ECO, I will notify CEO-ECO promptly. |
| Handwritten Signature:  |  | Date:  |       |
| **Send completed form to:** **administration@ceo-eco.org** | Fax: 905 642 3786 | Mail: 403-37 Sandiford Dr, Stouffville, ON L4A 7X5 |
| *Privacy & Your Personal Information*CEO-ECO’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 CEO-ECO 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. CEO-ECO recognizes the importance of privacy of personal information. CEO-ECO is committed to collecting only the information that it needs and protecting any personal information that it holds. |

**Volunteer Profile/Application**

**Name: \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

**If you answered “Yes” to any of the questions on the previous page, please use the space below to further explain.**

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