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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | |  |
| 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**](mailto: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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***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.