



VOLUNTEER PROFILE/APPLICATION

1. First Name:		Last Name:	
2. Address (Practice)		Address (Home)	
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	
3. INTERESTS			
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 assessor (examiner) in:	<input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> October
I'm interested in:	<input type="checkbox"/> Exam Administration (Skills Assessor) <input type="checkbox"/> Exam Development (Writing Items, Standard Setting, etc.) <input type="checkbox"/> Other (Please list in the next box)	Other:	
I have successfully completed the CACO/CSAO		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed (mm/yy):
4. EDUCATION			
School of Optometry attended:		Year of OD degree:	
Other degree(s) <input type="checkbox"/> n/a			
5. REGISTRATION			
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	
6. DECLARATION OF PROFESSIONAL INVOLVEMENT			
Are you a member in good standing with the province(s) in which you are practicing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
I graduated with a Doctor of Optometry degree 5 or more years ago			<input type="checkbox"/> Yes <input type="checkbox"/> 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)			<input type="checkbox"/> Yes <input type="checkbox"/> No
I am involved with an optometry regulatory body *Check all that apply* 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
I am involved with an optometry association (national/provincial), or an industry organization			<input type="checkbox"/> Yes <input type="checkbox"/> No
I am involved with optometry credentialing/assessment of credentials of internationally educated			<input type="checkbox"/> Yes <input type="checkbox"/> No
I am involved with the development or delivery of other ("non CEO-ECO") assessments of competence and/or knowledge in optometry			<input type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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.			

CEO

Canadian Examiners in Optometry



ECO

Examineurs Canadiens en Optométrie

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.

Your Personal Information

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