

# Trinidad and Tobago Opticians Registration Council

## Application Form

**REGISTRATION UNDER THE OPTICIANS ACT 1961 and AMENDMENT 1987**  
**Application in accordance with Section 5(1) of the Opticians Act 1961**

**Please complete all parts of this application in BLOCK LETTERS.**

(Please delete as applicable)

**I wish to apply to the register as an Optometrist/ Dispensing Optician**

**I am/am not currently working in Trinidad and Tobago**

**Title (Mr, Mrs, Ms, Miss) .....**

**Family Name .....**

**First Name .....**

**Other Name/s .....**

**Former Name/s (if any) .....**

**Date of Birth .....**

**The TTORC requires a full contact address. If the contact address is a home address only, the town will be for public view. If the address is a practice address the whole address will be for public view including the name of the practice.**

**Contact Address to be shown in the Register**

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**Telephone number..... Fax number.....**

**Email Address.....**

**Practice Name and Address** if different from the above. Please supply details of all additional branches where you are employed on a separate sheet. This is only applicable if currently working in Trinidad and Tobago.

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**Name of your employer .....**

**Please indicate below which professional body you belong to: (eg TTOA/DOA/relevant overseas body etc)**

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**Fitness to Practice:**

(If you answer yes to any of these questions, please supply details on separate sheet)

**Have you ever been convicted of, or cautioned in relation to, a criminal offence or are you currently being investigated in relation to a criminal offence?**

**yes/no**

**Have you ever been the subject of an adverse finding by, or are you currently being investigated by, a body which regulates a health or social care profession?**

**yes/no**

**Do you have any mental or physical health conditions which might impair your ability to practice?**

**Yes/no**

**Annual License Fee for Optometrist is \$300.00**

**Annual License Fee for Dispensing Optician is \$200.00**

**Continuing Education**

**Please indicate CET undertaken in last year:**

**Courses:**

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**Points gained:** .....

**Distance learning: Points gained:** .....

I confirm that the particulars above are correct and I apply for registration with the TTORC. I enclose the registration fee of **\$100tt**.

**Please supply a recent photograph with your application.**

I understand that the TTORC will use the information I have provided to exercise its proper and statutory functions

Signed ..... Date .....

**The application deadline is March 31<sup>st</sup>. All late applications will carry a financial penalty of \$250tt and the cost of reprinting any additional gazette will be born by the late applicant in addition to the financial penalty.**