



**Reference form for Optometrists applying for
Optometrist Registration in the N.W.T.**

**PLEASE RETURN COMPLETED FORM TO:
Office of the Registrar, Professional Licensing, Health & Social Services
Box 1320- 8th Floor Centre Square Tower- Yellowknife, NWT X1A 2L9
Telephone: (867) 920-8058 Facsimile: (867) 873-0484**

NAME OF APPLICANT (PLEASE PRINT):	
I authorize the referee to disclose to the Registrar, Professional Licensing of the Northwest Territories, information relevant to licensure that would otherwise be confidential and I waive any right of disclosure of the same and agree that communication between the Registrar and the referee shall be privileged. This personal information is being collected under authority of the <i>Optometry Act</i> and is protected by the privacy provisions of the <i>Access to Information and Protection of Privacy Act</i> .	
SIGNATURE OF APPLICANT:	DATE:
NAME OF REFEREE (PLEASE PRINT):	APPLICANT TELEPHONE/FACSIMILE #:

INSTRUCTIONS FOR REFEREE: Your personal knowledge of this applicant is important in judging suitability for licensure. Any problems or concerns that you identify below should be explained. Please use the back of this form if required.

1. Indicate dates where, and in what capacity, you have knowledge of the applicant. Must be within the last three years.

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 2. Are you aware of any problems regarding the applicant's physical or mental health or of any alcohol or drug problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any complaints regarding the applicant by patients or other optometrists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you know of any ethical problems the applicant has that may relate to his practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you aware of any aspects of the applicant's personality that may cause difficulties in professional interpersonal relationships with patients or other optometrists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any reason why you would not consider the applicant to have adequate knowledge, skills, and judgement required to provide for optometry practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you any additional information with respect to the applicant's professional or ethical conduct that may affect their application for registration? | | |

SIGNATURE OF REFEREE:	DATE:
ADDRESS:	
TELEPHONE #:	FACSIMILE #:

The Reference may be faxed to (867) 873-0484 but ensure original is mailed promptly.