APPLICANT’S CHECKLIST FOR REGISTRATION
(For Provisional/ Conditional/ Temporary Registration)

Points to note

1. Please be sure to submit the necessary documents for registration. Any application with missing or incorrect document(s) will be delayed, and may be withdrawn.
2. If application is unsuccessful or withdrawn, the application fee of SGD 50 is non-refundable.
3. Please bring along **all original** copy for documents listed below for verification during your appointment for registration.

For All Applicants

Please get ready the following documents before submission:

1. Recent Passport Photograph with white background (Taken within last 3 months; avoid white attire)
2. Copy of NRIC/ Employment Pass/ Work Permit/ Dependent Pass (Front & Back)
3. Copy of Passport is required if you are holding a Work Permit or Dependent Pass
4. Copy of Letter of Consent (applicable to Dependent Pass holders only)
5. Copy of Qualification Certificate (SP Diploma Graduates to include scroll number) / Graduation Confirmation Letter
6. Copy of Academic Transcripts (if applicable)
7. Form P1
8. Certificate of Service (applicable to National Service men)
9. If you have made a declaration during online application, please attach supporting documents

For more details, please refer to application for registration under "**local graduates**".

Applicable to Applicants/Graduates from Overseas only

In addition to the above, applicants or graduates overseas have to submit the following:

1. Letter of Verification to be emailed directly to OOB by the respective institution. If online verification is available, you are required to write to your University/Faculty to grant access to OOB for verification.
2. If you have registered with any overseas regulatory authorities, you have to contact the issuing authorities to arrange the Original Certificate of Good Standing (CGS) to be sent directly to OOB. The CGS should be stating that there are no proceedings taken or pending against the registered person.
3. Copy of the Certified true copy of Registration Certificate with other optometry / opticianry authorities.
4. Copy of the Service testimonial(s).

For more details, please refer to application for registration under "**foreign graduates**".

Any of the above documents mentioned which is not in English shall be accompanied by a certified translation in English.
## Section 1

### A. Particulars of Applicant

<table>
<thead>
<tr>
<th>Name of Applicant: (as shown in NRIC)</th>
<th>NRIC/ FIN (for new applicant)/ Registration No.:</th>
</tr>
</thead>
</table>

**Designation / Position: (please tick accordingly)**

- ☐ Optometrist
- ☐ Optician (Refraction & Dispensing)
- ☐ Optician (Dispensing Only)

**Type of Employment:**

- ☐ Full-time
- ☐ Part-time (total no. of working hours per week excluding OT______)

**Note:** Provisional optometrists/opticians (P-reg) and appointed supervisor must be under full-time employment (not less than 35 hours per week). P-reg who works/practises less than 35 hours would not be eligible to submit logbook.

**Are you the owner of the company/ Senior Management:**

- ☐ No
- ☐ Yes [If Yes, a secondary supervisor must be appointed, please complete Section 2(C)]

### B. Principal Place of Practice

<table>
<thead>
<tr>
<th>Name of institution/company and practice place with full address:</th>
</tr>
</thead>
</table>

*(Should there be changes to company’s name and/or address, please update the Board via email with support of a copy of Bizfile)*

**Date of Commencement (Proposed start date of working as Optometrist/Optician):** / / 20

### C. Particulars of Employer/ Person-in-charge

**Points to take note:**

Under the Board’s Supervisory Framework requirement, to be eligible for full registration, all provisionally-registered optometrists/opticians are required to log cases that they have seen from pre-determined categories and submit as portfolio to demonstrate their competency in the practice. The Board would like to seek employer’s support to provide opportunities for the above-mentioned optometrist(s)/optician(s) to meet the requirement of cases that are stipulated in the supervisory framework.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact No:</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Designation/ Position held:</th>
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</table>

<table>
<thead>
<tr>
<th>Email:</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of Employer/Person-in-charge &amp; Date:</th>
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</thead>
</table>

*Digital signature is not allowed*

<table>
<thead>
<tr>
<th>Authorised Company Stamp</th>
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</thead>
</table>

Please note that it is an offence to practise optometry and/or opticianry without a valid registration and practising certificate.
Section 2

### A. Undertaking by Supervisor

1. I am a fully registered optometrist or optician with a valid OOB practising certificate.
2. I have 3 or more years of full time experience in optometry and/or opticianry practice.
3. I am currently supervising not more than 2 supervisees (excluding current applicant).
4. I have read and understand the role of supervisor and the supervisory framework guidelines and hereby, undertake to comply with the following regulations:
   a) I am responsible to give guidance and training to the supervisee during his/her registration under my supervision.
   b) I am responsible to oversee and sign/counter sign the cases submitted by my supervisee.
   c) I will ensure my supervisee’s conduct and practice is befitting of the profession and adhere to the Board’s Code of Professional Conduct and Professional Practice Guidelines for Optometrists and Opticians.
   d) I have attended/ will be attending the Supervisory Framework Briefing organised by the Board.
5. If you are an ophthalmologist, you can only be appointed as primary supervisor if there is no other eligible Optometrist in your practice. Please ensure your supervisee has the opportunities and access to necessary equipment to practice primary eye care, so as to fulfil OOB’s Supervisory Framework requirements.

### B. Particulars of Primary Supervisor

<table>
<thead>
<tr>
<th>Name of Supervisor: (as shown in NRIC)</th>
<th>Registration No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor’s Designation/ Position:</td>
<td>(please tick accordingly)</td>
</tr>
<tr>
<td>☐ Optometrist</td>
<td>☐ Optician (Contact Lens Practice)</td>
</tr>
<tr>
<td>☐ Optician (Dispensing Only)</td>
<td>☐ Ophthalmologist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Employment:</th>
<th>☐ Full-time</th>
<th>☐ Part-time (total no. of working hours per week excluding OT)</th>
</tr>
</thead>
</table>

**Note:** Appointed supervisor must be under full-time employment (not less than 35 hours per week).

Email: Contact No:

Supervisor’s Signature: (digital signature is not allowed)

Date:

### C. Particulars of Secondary/ Off-Site Supervisor

(Applicable only for applicant who is a business owner/working in clinic with no other eligible optometrist)

<table>
<thead>
<tr>
<th>Name of Supervisor: (as shown in NRIC)</th>
<th>Registration No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor’s Designation/ Position:</td>
<td>(please tick accordingly)</td>
</tr>
<tr>
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<td>☐ Optician (Contact Lens Practice)</td>
</tr>
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<td>☐ Optician (Dispensing Only)</td>
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</tbody>
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<tr>
<th>Type of Employment:</th>
<th>☐ Full-time</th>
<th>☐ Part-time (total no. of working hours per week excluding OT)</th>
</tr>
</thead>
</table>

**Note:** Appointed supervisor must be under full-time employment (not less than 35 hours per week).

Email: Contact No:

Supervisor’s Signature: (digital signature is not allowed)

Date:
### Section 3

#### A. Reason for Lapse in Applying for Registration/ Not Able to Fulfil Supervisory Framework

Please provide detailed explanation or information for the Board's review.

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#### B. Acknowledgement

I am aware that I shall not be practising optometry and/or opticianry without a valid registration and practising certificate.

____________________________________  ____________________
Full Name and Signature of Applicant     Date