



Optometrists & Opticians Board

c/o Secretariat of Healthcare Professional Boards (SPB)
81 Kim Keat Road #10-00 Singapore 328836
Email: OOB@spb.gov.sg Website: https://www.oob.gov.sg

APPLICATION FOR REGISTRATION (For Provisional/ Conditional/ Temporary Registration)

This form is to be completed and submitted together with your new application for registration online. Any application with missing information or incorrect document(s) will not be processed and may be withdrawn.

Section 1	
A. Particulars of Applicant	
Name of Applicant: <i>(as shown in NRIC)</i>	NRIC/ FIN (for new applicant)/ Registration No.:
Designation / Position: <i>(please tick accordingly)</i> <input type="checkbox"/> Optometrist <input type="checkbox"/> Optician (Refraction & Dispensing) <input type="checkbox"/> Optician (Dispensing Only)	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <i>(total no. of working hours per week excluding OT_____)</i>	
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: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>[If Yes, a secondary supervisor must be appointed, please complete Section 2(C)]</i>	
Are you directly related to the owner/Senior Management of the company (i.e. immediate family member or spouse): <input type="checkbox"/> No <input type="checkbox"/> Yes <i>[If Yes, a secondary supervisor must be appointed, please complete Section 2(C)]</i>	
B. Principal Place of Practice	
Name of institution/ company and practice place with full address: <i>(If there's a change to the company's name and/ or address, please update the Board via email by providing full name, new address, date of change and business registration number)</i>	
For New Applicant: Proposed start date to work as an Optometrist/ Optician: <i>(dd) / (mm) / (yyyy)</i>	For Repeat Applicant: Please provide the date joined: <i>(dd) / (mm) / (yyyy)</i> <i>(The date refer to the day you have joined the company and not the outlet)</i>
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.	
Name:	Contact No:
Designation/ Position held:	
Email:	
Signature of Employer/Person-in-charge & Date: <i>(Digital signature is not allowed)</i>	Authorised Company Stamp

Section 2

A. Undertaking by Supervisor(s)

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 adequate supervision and guidance 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

Name of Supervisor: <i>(as shown in NRIC)</i>	Registration No:
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Supervisor's Designation/ Position: *(please tick accordingly)*

<input type="checkbox"/> Optometrist	<input type="checkbox"/> Optician (Contact Lens Practice)	<input type="checkbox"/> Optician (Refraction and Dispensing)
<input type="checkbox"/> Optician (Dispensing Only)	<input type="checkbox"/> Ophthalmologist	

Type of Employment: Full-time Part-time *(total no. of working hours per week excluding OT_____)*

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

Name of Institution/ Company and practice place with full address: ***(Supervisor & Supervisee must be practising at the same workplace)***

I declare that I am not directly related to supervisee (i.e. immediate family member or spouse).

Supervisor's Email:	Supervisor's Contact No:
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Supervisor's Signature: <i>(digital signature is not allowed)</i>	Date of Signature:
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C. Particulars of Secondary/ Off-Site Supervisor
(Applicable only for applicant who is a business owner/ directly related to business owner / working in clinic with no other eligible optometrist)

Name of Supervisor: <i>(as shown in NRIC)</i>	Registration No:
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Supervisor's Designation/ Position: *(please tick accordingly)*

<input type="checkbox"/> Optometrist	<input type="checkbox"/> Optician (Contact Lens Practice)	<input type="checkbox"/> Optician (Refraction and Dispensing)	<input type="checkbox"/> Optician (Dispensing Only)
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Type of Employment: Full-time Part-time *(total no. of working hours per week excluding OT_____)*

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

Name of Institution/ Company and practice place with full address:

Supervisor's Email:	Supervisor's Contact No:
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Supervisor's Signature: <i>(digital signature is not allowed)</i>	Date of Signature:
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Section 3

A. Declaration of Further Studies

Please provide information on your plans on further studies:
 Currently, I do not have plan to pursue further studies during this period of registration.
 I have plan to pursue further studies during my provisional registration, the course details are as follow:

Course Title			
Name of University/Institution			
Mode of study	<input type="checkbox"/> Full-time : Duration _____ <input type="checkbox"/> Part-time: Duration _____		
Commencement date:		Expected Date of Graduation:	

Note: Please note that you will not be able to collect cases if you are pursuing further studies on full-time basis during this period of registration. Hence, you will not be eligible for full registration upon expiry of registration.

B. Declaration of National Service (NS)

- Not applicable
- Completed – Enlistment Date : _____ ORD Date: _____
- Pre-Enlisting: expected date of enlistment (if applicable) is _____
Note: If you are not performing any optometry/opticianry-related work while serving NS, your provisional registration will lapse upon enlistment to the NS.
- I do not know my enlistment date yet. I will inform the Board once I received the notice.

Section 4 (If applicable)

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. If you were not able to complete the framework due to health reasons, please provide supporting documents (e.g. medical records/ report/ certificates).

If you require more space to provide your explanation/reason, attach a separate sheet with details.

B. Acknowledgement by applicant

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

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