



Optometrists & Opticians Board

81 Kim Keat Road, #08-00, Singapore 328836
Email: OOB@spb.gov.sg Website: https://www.oob.gov.sg

APPLICATION FOR CHANGE OF WORKPLACE AND SUPERVISOR

(For Provisional/ Conditional/ Temporary Registration)

You are required to complete and submit Form P2 to OOB@spb.gov.sg two weeks prior to change of workplace & supervisor.

Section 1: Change of Practice Place
A. Particulars of Applicant
Name of Applicant: (as shown in NRIC) Registration No.: E
Designation / Position: (please tick accordingly)
B. Current Employment
Name of institution/ company and practice place with full address:
Last Day of Service: ___ / ___ / 20___
Please provide an explanation for your change in workplace:
C. Prospective Employment/ New Place of Practice (To be completed by prospective employer)
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.
Name of Institution/ Company and practice place with full address:
Type of Employment: Full-time Part-time (indicate total no. of working hours per week excluding OT___)
Date of Commencement (Proposed start date): ___ / ___ / 20___
D. Particulars of Employer/ Person-in-charge
Name: Contact No.:
Designation/ Position held:
Email:
Signature of Employer/ Person-in-charge & Date: Authorised Company Stamp

Note: You can only start practising at your new practice place after you have sought and obtained approval from the Board

Section 2: Undertaking for 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 am not related to the above-mentioned applicant (spouse, parents, full siblings and children).
5. 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.
6. 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.

A. Particulars of Primary Supervisor

| | |
|--|--------------------------|
| Name of Supervisor: <i>(as shown in NRIC)</i> | Registration No: E |
| Supervisor's Designation/ Position: <i>(please tick accordingly)</i> | |
| <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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <i>(total no. of working hours per week excluding OT_____)</i> | |
| Note: <i>Appointed supervisor must be under full-time employment (not less than 35 hours per week).</i> | |
| Name of Institution/ Company and practice place with full address: <i>(Supervisor & Supervisee must be practising at the same workplace)</i> | |
| Supervisor's Email: | Supervisor's Contact No: |
| Supervisor's Signature: <i>(digital signature is not allowed)</i> | Date: |

B. Particulars of Secondary/ Off-Site Supervisor

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

| | |
|---|--------------------------|
| Name of Supervisor: <i>(as shown in NRIC)</i> | Registration No: E |
| Supervisor's Designation/ Position: <i>(please tick accordingly)</i> | |
| <input type="checkbox"/> Optometrist <input type="checkbox"/> Optician (Contact Lens Practice) <input type="checkbox"/> Optician (Refraction and 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: <i>Appointed supervisor must be under full-time employment (not less than 35 hours per week) and practice under different company.</i> | |
| Name of Institution/ Company and practice place with full address: | |
| Supervisor's Email: | Supervisor's Contact No: |
| Supervisor's Signature: <i>(digital signature is not allowed)</i> | Date: |