



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 CHANGE OF SUPERVISOR ONLY

You are required to complete and submit Form P3 to OOB@spb.gov.sg two weeks prior to change of workplace & supervisor.

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 have read and understand the role of supervisor and the supervisory framework guidelines and hereby, undertake to comply with the following regulations: <ul style="list-style-type: none"> 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 <i>Code of Professional Conduct and Professional Practice Guidelines for Optometrists and Opticians</i>. 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.	
A. Particulars of Supervisee	
Name of Supervisee: <i>(as shown in NRIC)</i>	Registration No:
Supervisee's Designation/ Position: <input type="checkbox"/> Optometrist <input type="checkbox"/> Optician (Refraction and Dispensing) <input type="checkbox"/> Optician (Dispensing Only)	
Supervisee's Registration Category: <input type="checkbox"/> Provisional Registration <input type="checkbox"/> Conditional Registration <input type="checkbox"/> Temporary Registration	
B. Particulars of Supervisor	
Name of Supervisor: <i>(as shown in NRIC)</i>	Registration No:
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	
<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary Supervisor	
Effective Date of Supervision:	
Name of Institution/ Company and practice place with full address: <i>(If it's onsite supervision > Supervisor & Supervisee must be practising at the same workplace)</i>	
<input type="checkbox"/> I declare that I am not directly related to supervisee (i.e. immediate family member or spouse).	
Supervisor's Email:	Supervisor's Contact No:
Supervisor's Signature: <i>(digital signature is not allowed)</i>	Date of Signature:

Note: You can only start practising under the supervision of new supervisor after you have sought and obtained approval from the Board