



COLLEGE OF OPTICIANS OF ALBERTA

Practice Review - Request for Deferral Declaration Form

The completed form should be forwarded to the College of Opticians of Alberta office by the Optician who was scheduled for review within 10 working days following the date of the Practice Review Notification Letter. Note only one deferral will be permitted and the next date scheduled by COA will have to be implemented.

Fax to: 1-800-584-6896 (780) 426-5576

Mail to: #201 2528 Ellwood Drive
Edmonton Alberta, T6X 0A9

Email to: coa@opticians.ab.ca

Name

License No.

Office Location/Street Address where practice review was to take place:

Table with 6 columns: Company Name, Street Address, City, Province, Postal Code, and an empty column.

Date of Scheduled Practice Review: _____

I declare that due to (explain reason for deferral):

I wish to request a deferral of the Practice Review until :

Name:

Date:

I do solemnly swear, that I have completed the questions above to the best of my knowledge and believe the completed form hereto affixed is correct and true. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT.

[] I agree with this statement