

EVALUATING EXAM REFERRAL FORM

Last (Family) Name: _____ First (Given) Name: _____

Former Last Name (if applicable): _____ Former First Name (if applicable): _____

I have previously challenged the IGOEE Date(s) challenged (DD/MM/YY): _____

Street Number: _____ Street Name: _____

Apt #: _____ City: _____ Province: _____

Country: _____ Postal Code: _____ Telephone Number(s): _____

Gender: Male Female E-mail Address: _____

Acknowledgement and Consent

I, _____, agree to cooperate fully with the Federation of Optometric Regulatory Authorities of Canada (FORAC), and in particular:

1. I agree to provide FORAC with, or allow FORAC to obtain, program information regarding my international optometry-related education.
2. I understand that FORAC and authorized persons acting on its behalf may contact any persons or organizations who may have information that would assist FORAC and obtain information relevant to the pre-registration process. This includes the following:
 - Any educational institution (for example, the International Optometric Bridging Program (IOBP) and the University of Waterloo School of Optometry and Vision Science)
 - Any assessment, examination or credentialing agency or organization (ie. Optometry Examining Board of Canada (OEBC) and Touchstone Institute)
 - My previous or current employer(s)
 - Any governing or regulatory body
3. I consent to allowing FORAC to provide information to any persons or any organizations that may in any way be relevant to my application for pre-registration and/or registration with the respective optometric regulatory body, and for the purposes of monitoring and reviewing the assessment process.

Candidate's Signature

Date (DD/MM/YY)

FOR FORAC USE ONLY

Designated Referral No.	FORAC staff initials	Date Completed (DD/MM/YY)	Date Communicated to Touchstone Institute
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I, _____ having been referred to TOUCHSTONE INSTITUTE to challenge the evaluating exam, understand that if I challenge the exam, I would be performing optometric procedures on standardized patients that if done inappropriately, could place the patient at risk. I hereby acknowledge that I have been educated and trained to perform the following procedures safely:

Check all that apply

1. Dilated Fundus Exam
2. Binocular Indirect Ophthalmoscopy
3. Contact Tonometry (i.e. Goldmann or Perkins)
4. Gonioscopy with Fundus Lenses

Candidate's Signature

Date (DD/MM/YY)