

## 2019 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 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 (OEB) 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.

\_\_\_\_\_  
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

## 2019 EVALUATING EXAM REFERRAL FORM

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)