

Eligibility Checklist for election

To be eligible for nomination for election to the Council of the Saskatchewan College of Opticians, registrants must meet the eligibility criteria set out in the [Opticians Act](#) and section 4 of the [Administrative Bylaws](#). Use the checklist below to check if you meet the preliminary eligibility criteria of the Council for the College. For more information on the competencies for becoming an elected Council member, [click here](#).

Eligibility Criteria	Agree	Disagree
I reside in the province of Saskatchewan, where I am running for election. I am engaged in opticianry in the province of Saskatchewan.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
I am not in default of any payment or any required fees to the College.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
I have not been found by a Discipline Committee to have committed an act of professional misconduct or to be incompetent in the last five years.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
My certificate of registration has not been revoked or suspended in the last five years other than for non-payment of fees.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
I am not currently the subject of any disciplinary or incapacity proceedings.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
A period of at least five years has elapsed since I complied with all aspects of an order imposed by the		

<p>Discipline Committee of this college, or of a similar committee of any body that governs a profession inside or outside Saskatchewan.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>My certificate of registration is not subject to a term, condition, or limitation.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I am not in default of any of the requirements of the College's quality assurance program.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I have resigned other Board, Council or association or from employment with the college (SCO) in the year immediately preceding the election</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I am not a member of the Council of any other health regulatory college in Saskatchewan.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I have complied with the Election Guidelines of the College.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I am not a candidate for election in, or already a member of the Council, for another electoral province.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>



<p>I have not initiated, joined, continued or materially contributed to a legal proceeding against the College or any committee or representative of the College within the last five years.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I do not have a conflict of interest to serve as a member of the Council, or I have agreed to remove any such conflict of interest before taking office.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>
<p>I am not in default of returning any required form or information to the College.</p>	<p><input type="checkbox"/> Agree</p>	<p><input type="checkbox"/> Disagree</p>

Full Name :

Signature: Date: