

General Optical Council  
**Application for entry of Independent Prescribing specialty**

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**Section 1 – Application**

First Name(s)

Surname

Title

GOC number

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**Section 2 – Details of specialty qualification and training**

Name of university training course attended

Date of university training course

Location and date of clinical placement

Date of IP qualification (College of Optometrists IP final assessment)

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**Section 3 – Proof of qualification**

I enclose a copy of my qualification certificate (Go to Section 5)

OR

My examination body (The College of Optometrists) has provided certification below  
(Please complete Section 4 below)

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Official stamp

**Section 4 – Certification (to be completed by the examining body)**

I certify that the applicant has met the requirements of this examining body and has been certified as having passed the Independent Prescribing final assessment.

Name of person certifying

Position and organisation of person certifying

Signed

Date

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**Section 5 – Scope of practice**

Please define your intended scope of practice (eg primary care, glaucoma, etc).

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Please provide details of the location of your intended practice (eg private practice, hospital or clinic details).

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**Section 6 – Declaration**

I confirm that:

I will only prescribe in my recognised area of competence.

I will inform the GOC of any change to my scope of practice, as declared above.

I will keep a portfolio of evidence of my prescribing experience.

Signed

Date

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**For office use only**

Education Department authorisation

Name

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Signed

Date

.....

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General Optical Council  
**Guidance notes for application for entry of Independent Prescribing specialty**

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To register your Independent Prescribing specialty you need to do the following:

1. Complete all sections of the application form
2. Sign the declaration
3. Return the form to GOC with your qualification certificate **or**
4. Return the form to your examining body in order to certify your qualification

**Completing the form**

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**Section 1 – Application**

Please provide your current GOC number in addition to the name and title you are currently registered under.

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**Section 2 – Details of specialty qualifications and training**

Provide details of the academic institution where you completed your training. Ensure that any relevant dates relating to your training are recorded and that you state where you undertook your clinical placement.

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**Section 3 – Proof of qualification**

You should provide evidence that you have achieved the necessary qualification to register your Independent Prescribing specialty. You may enclose a copy of your qualification certificate with your completed form and send this directly to the General Optical Council. Alternatively you may send the form to the College of Optometrists to certify your qualification in Section 4 and forward the form to GOC. Tick the relevant box to indicate how you wish to demonstrate your proof of qualification.

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**Section 4 – Certification (to be completed by the examining body)**

It is important that this section is completed in full and that the College stamps the form in the relevant section if they are certifying your qualification. You should liaise with the College to ensure that they will forward the form to the General Optical Council on your behalf.

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**Section 5 – Scope of practice**

You should provide details of the scope of practice of your prescribing work.

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**Section 6 – Declaration**

You must sign and date the declaration of information.

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**If you have questions**

Email [goc@optical.org](mailto:goc@optical.org)

Write to 41 Harley Street, London W1G 8DJ

Telephone +44 (0)20 7580 3898, option 1 Mon to Thu 09.00-17.00, Fri 09.00-16.45

Website [www.optical.org](http://www.optical.org)

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