

General Optical Council

Application for a Certificate of Current Professional Status

Important information

The General Optical Council (GOC) issues Certificates of Current Professional Status (CCPS) on behalf of registrants who are applying for registration with an overseas optical regulatory body. The CCPS provides confirmation for the overseas regulator that you are qualified and registered with the GOC. This provides information on any past sanctions that have been applied following a fitness to practise investigation.

A CCPS is valid for three months from the date of issue. A completed application and a payment of £25 is required for a CCPS to be sent to your nominated regulator.

How can you do this?

This completed form should be emailed to registration@optical.org

When will the CCPS be ready?

We aim to process applications for a CCPS within five working days of receipt of a correctly completed application form and payment.

If you have any questions about this process, please contact the Registration Department on registration@optical.org

Payment

We will send an invoice from PayPal to the email address we have on file to pay the CCPS fee. You don't need a PayPal account. Using this service helps us complete your registration faster.

Section 1 – Individual contact details

Please complete all fields in this section clearly. Please supply an email address and/or phone number in case we need to contact you to discuss your application.

Title: **Surname(s):**

First Name(s):

GOC Number:

Date of birth:

Phone:

Email:

Full address:

Town:

County:

Country (If not UK):

Post code:

If you require a copy of the final CCPS posted to you, please tick this box, and we will send this to the address provided above.

If you would like to be emailed a watermark copy of your CCPS please tick this box, please note this will not be the final signed version sent to the recipient.

Section 2 – Overseas regulatory body details

Please supply the full name and postal address of the regulatory body to which the CCPS should be posted. Please include a contact addressee where possible.

This section of the application form must be completed – a CCPS will not be issued unless an address for an overseas regulator is provided.

If you require a copy of the CCPS to also be emailed to an overseas regulator, to meet an application deadline, please also supply an email address below:

Name of regulatory body:

Full address:

Town:

County:

Country (If not UK):

Post code:

Email

Section 3 – Declaration

The CCPS will contain information that is not publicly available. In order for us to release this information to the overseas regulator, we require the following declaration section to be completed and signed in order to process your application. Your application will not be processed if a valid signature and date is not provided.

1. I acknowledge that the Certificate of Current Professional Status will contain the following information about my current and past GOC registration and fitness to practise status:
 - Full registered name
 - GOC registration number
 - Date of birth
 - Gender
 - Registered qualifications and specialties
 - Registered address
 - Date of first registration and full registration history, including details of any previous removals from and restorations to the register
 - Current registration status
 - Full fitness to practise history, including details of any previous adverse findings and current investigations (details of past investigations that did not result in an adverse finding will not be included).
2. I give consent to the disclosure of the above information to the regulatory body named in this application.
3. I understand that, under Registration Rule 22, while registered with the GOC I am required to notify the Council forthwith of any changes to, or errors in, the information I have previously supplied in relation to my GOC registration, or any new information relevant to my registration status. This includes information in relation to declarations of criminal or disciplinary proceedings and adverse mental or physical health that may affect my fitness to practise. Registrants failing to provide relevant information may be removed from the register. If you wish to declare new information before completing this application, please contact the GOC Registration Department.
4. I declare that the information I have provided in this application for a Certificate of Current Professional Status is complete, true and accurate.

Signed: _____

Date: _____