



PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____

RESIDENTIAL INFORMATION

ADDRESS _____ CITY _____ POSTAL CODE _____

PHONE _____ CELL _____ EMAIL _____

EMPLOYMENT INFORMATION

COMPANY _____ ADDRESS _____

CITY _____ POSTAL CODE _____ PHONE _____

EMAIL _____ FAX _____

PREFERRED COMMUNICATION METHOD HOME WORK EMAIL

EDUCATION & EXPERIENCE

HIGHEST LEVEL OF EDUCATION ATTAINED _____

OPTICAL EDUCATION

NAME OF INSTITUTE	COURSE NAME	DATE OF GRADUATION	COMPLETED SUCCESSFULLY

OPTICAL EXPERIENCE

COMPANY	ROLE (e.g. STUDENT/LICENSED OPTICIAN)	DATES OF EMPLOYMENT

REGISTRATION

TYPE OF APPLICATION: PRACTICING OPTICIAN NON-PRACTICING OPTICIAN

PRACTICING CONTACT LENS PRACTITIONER NON-PRACTICING CONTACT LENS PRACTITIONER

ARE YOU CURRENTLY REGISTERED AS AN OPTICIAN IN ANOTHER PROVINCE? YES DETAILS _____ NO

ADDITIONAL INFORMATION

NAME 2 CHARACTER REFERENCES 1. _____
2. _____

PLAR FEES

**FEES CAN BE PAID BY CHEQUE, MONEY ORDER, VISA OR MASTERCARD
PLEASE NOTE THERE IS A 5% SERVICE CHARGE APPLICABLE WITH CARD PAYMENTS.
PLEASE MAKE CHEQUES PAYABLE TO SASKATCHEWAN COLLEGE OF OPTICIANS**

APPLICATION TYPE	FEE	
DOCUMENT ASSESSMENT FEE	\$215.00	✓
COMPETENCY GAP ANALYSIS & INTERVIEW	\$650.00	

APPLICANT SIGNATURE: _____

DATE: _____

CHECKLIST

HAVE YOU INCLUDED:

- APPLICATION FORMS COMPLETED IN FULL
- DOCUMENTATION (OUTLINED IN PLAR PROCESS)
- REQUIRED FEE
- PASSPORT PHOTO

✓

<input type="checkbox"/>
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**SEND COMPLETED FORMS & PAYMENT TO:
SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350 - 103 STREET EAST, SASKATOON, SK S7N 1Z1
PHONE: 306-652-0769 FAX: 306-652-0784 EMAIL: OFFICE@SCOPTIC.CA**