



PERSONAL INFORMATION

Surname:

First Name:

PREVIOUS APPLICATIONS

Have you applied for registration as an optician and/or contact lens practitioner in any other Province?

Yes ___ No ___

Which Province(s) (please list)

Province

Date

Province

Date

Province

Date

Do you intend to apply for registration as an optician and/or contacts lens fitter in any other Province?

Yes ___ No ___

Please name Province _____

COMPETENCY GAP ANALYSIS

Have you previously completed a Competency Gap Analysis ("CGA")?

Yes ___ No ___

When did you do the Competency Gap Analysis?

Date

Where did you do the Competency Gap Analysis?

Province

For the purpose of this application for registration I authorize the Saskatchewan College of Opticians to obtain my personal information (including but not limited to, CGA results) from any regulator of opticians in Canada and to share the personal information in this application form with any regulators of opticians in Canada.

I authorize any regulator of opticians in Canada to release my personal information to the Saskatchewan College of Opticians (including, but not limited to, CGA results).

Date

Signature of Applicant