



PERSONAL INFORMATION

SURNAME _____ FIRST NAME _____

RESIDENTIAL INFORMATION

DATE OF BIRTH _____

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 _____
(If yes, please provide a letter of good standing) NO

ADDITIONAL INFORMATION

NAME 2 CHARACTER REFERENCES 1. _____
 2. _____

LIABILITY INSURANCE (PRACTICING MEMBERS)

**PRACTICING MEMBERS MUST SUBMIT PROOF OF PROFESSIONAL LIABILITY INSURANCE IN THE AMOUNT OF AT LEAST \$1 MILLION.
 IF REQUIRED THE SCO OFFICE CAN PROVIDE CONTACT INFORMATION FOR INSURANCE COMPANIES.
 PLEASE ATTACH PROOF OF INSURANCE WITH THIS APPLICATION FORM**

INSURANCE COMPANY _____ POLICY NUMBER _____ EXPIRY DATE _____

FEEES

**LICENSING FEES ARE PRORATED ON A QUARTERLY BASIS. PLEASE TICK THE APPROPRIATE COLUMN TO DETERMINE YOUR FEE.
 A ONE TIME REGISTRATION FEE OF \$100 IS APPLICABLE TO ALL APPLICANTS.**

APPLICATION TYPE	APRIL 1 - MARCH 31	<input checked="" type="checkbox"/>	JULY 1 - MARCH 31	<input checked="" type="checkbox"/>	OCTOBER 1 - MARCH 31	<input checked="" type="checkbox"/>	JANUARY 1 - MARCH 31	<input checked="" type="checkbox"/>
PRACTICING OPTICIAN	\$516.59	<input type="checkbox"/>	\$387.45	<input type="checkbox"/>	\$258.30	<input type="checkbox"/>	\$129.15	<input type="checkbox"/>
PRACTICING CONTACT LENS PRACTITIONER	\$790.08	<input type="checkbox"/>	\$592.57	<input type="checkbox"/>	\$395.05	<input type="checkbox"/>	\$197.53	<input type="checkbox"/>
NON-PRACTICING OPTICIAN	\$159.89	<input type="checkbox"/>	\$119.88	<input type="checkbox"/>	\$79.92	<input type="checkbox"/>	\$39.96	<input type="checkbox"/>
NON-PRACTICING CONTACT LENS PRACTITIONER	\$328.19	<input type="checkbox"/>	\$246.15	<input type="checkbox"/>	\$164.10	<input type="checkbox"/>	\$82.05	<input type="checkbox"/>
ONE TIME REGISTRATION FEE	\$100.00	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>
TOTAL FEE PAYABLE =								

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

CHECKLIST

HAVE YOU INCLUDED:

- APPLICATION FORM COMPLETED IN FULL
- PROOF OF LIABILITY INSURANCE
- REQUIRED FEE
- PASSPORT PHOTO

✓

APPLICANT SIGNATURE: _____

DATE: _____

**MAIL COMPLETED FORMS & PAYMENT TO:
 SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350-103rd STREET EAST, SASKATOON, SK S7N 1Z1
 PHONE: 306-652-0769 FAX: 306-652-0784 EMAIL: OFFICE@SCOPTIC.CA**