



**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	\$547.59	<input type="checkbox"/>	\$410.67	<input type="checkbox"/>	\$273.78	<input type="checkbox"/>	\$136.89	<input type="checkbox"/>
PRACTICING CONTACT LENS PRACTITIONER	\$837.49	<input type="checkbox"/>	\$628.20	<input type="checkbox"/>	\$418.80	<input type="checkbox"/>	\$209.40	<input type="checkbox"/>
NON-PRACTICING OPTICIAN	\$169.48	<input type="checkbox"/>	\$127.11	<input type="checkbox"/>	\$84.74	<input type="checkbox"/>	\$36.37	<input type="checkbox"/>
NON-PRACTICING CONTACT LENS PRACTITIONER	\$347.88	<input type="checkbox"/>	\$260.91	<input type="checkbox"/>	\$173.94	<input type="checkbox"/>	\$86.97	<input type="checkbox"/>
<b>ONE TIME REGISTRATION FEE</b>	<b>\$100.00</b>	<input type="checkbox"/>	<b>\$100.00</b>	<input type="checkbox"/>	<b>\$100.00</b>	<input type="checkbox"/>	<b>\$100.00</b>	<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**