



**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

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. \_\_\_\_\_

**Under the Privacy Information Act, your business information can be released.  
 Any other information can only be released with your approval. Your signature is required on one of the following lines.**

Release Business Information only \_\_\_\_\_ signature \_\_\_\_\_ Release all information \_\_\_\_\_ signature \_\_\_\_\_

**LIABILITY INSURANCE (PRACTICING MEMBERS)**

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

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

**FEES**

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"/>	\$410.69	<input type="checkbox"/>	\$273.80	<input type="checkbox"/>	\$136.90	<input type="checkbox"/>
PRACTICING CONTACT LENS PRACTITIONER	\$837.49	<input type="checkbox"/>	\$628.12	<input type="checkbox"/>	\$418.74	<input type="checkbox"/>	\$209.37	<input type="checkbox"/>
NON-PRACTICING OPTICIAN	\$169.48	<input type="checkbox"/>	\$127.11	<input type="checkbox"/>	\$84.74	<input type="checkbox"/>	\$42.37	<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, CREDIT CARDS OR E-TRANSFER.  
 PLEASE NOTE THERE IS A 5% SERVICE CHARGE APPLICABLE WITH CREDIT 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**