



PERSONAL INFORMATION

SURNAME: _____ FIRSTNAME: _____
 GENDER: Male Female X DATE OF BIRTH: _____

RESIDENTIAL INFORMATION

ADDRESS: _____ CITY: _____ POSTAL CODE: _____
 PHONE: _____ CELL: _____ EMAIL: _____

EMPLOYMENT INFORMATION

COMPANY: _____ ADDRESS: _____
 CITY: _____ POSTAL CODE: _____ PHONE: _____
 EMAIL: _____ FAX: _____
 PREFERRED COMMUNICATIONS EMAIL ADDRESS: HOME WORK

REGISTRATION

TYPE OF APPLICATION: STUDENT OPTICAN
 STUDENT CONTACT LENS PRACTITIONER

ARE YOU CURRENTLY ENROLLED IN AN ACCREDITED OPTICAL SCIENCES PROGRAM?

YES DETAILS: _____ NO

FEES

- STUDENT LICENCES ARE VALID FOR THE ACADEMIC YEAR.
- A ONE-TIME REGISTRATION FEE OF \$10 IS APPLICABLE FOR FIRST TIME APPLICANTS.
- FEES CAN BE PAID BY CHEQUE, MONEY ORDER, CREDIT CARD OR E-TRANSFER .
- PLEASE NOTE THERE IS A 5% SERVICE CHARGE APPLICABLE WITH CREDIT CARD.
- PLEASE MAKE CHEQUES PAYABLE TO SCO

APPLICATION TYPE	<input type="checkbox"/> FALL INTAKE	<input type="checkbox"/> WINTER INTAKE	✓
STUDENT OPTICIAN		\$30.00	
STUDENT CONTACT LENS PRACTITIONER		\$30.00	
ONE TIME REGISTRATION FEE		\$10.00	
TOTAL FEE PAYABLE =			

SUPERVISOR AGREEMENT

The Saskatchewan College of Opticians (SCO) takes the registration of opticians very seriously. The mandated duty and object of the College is to serve and protect the public safety and interest at all times.

As a part of that mandate, it is the duty of the College to assure the public of the knowledge, skill, proficiency, and competency of the members in the practice of opticianry.

In this regard, _____ has put forth your name to act as his/her preceptor/supervisor during his/her required supervised work placement for the practice of opticianry.
Student Name

The SCO appreciates your participation in this matter and respectfully ask that as the preceptor/supervisor, you will be physically present on site to directly supervise _____, to check and approve the student licence member's work for the duration of their studies from _____.
Student Name
Date

I agree that I will supervise a maximum of two students at any one time. I will inform the registrar of any changes to this agreement or any changes to the status of the student.

I _____, LO/LCLP # _____ agree to act as the primary preceptor/supervisor for _____ for the duration of their studies.

I _____, LO/LCLP # _____ agree to act as the secondary preceptor/supervisor for _____ for the duration of their studies. *(if applicable)*

SIGNED: _____
Primary Supervisor

DATED: _____

SIGNED: _____
Secondary Supervisor

DATED: _____

WITNESSED: _____

DATED: _____

NOTE FOR SUPERVISORS

The optician is responsible and accountable for the opticianry services provided by the student member working under supervision. Supervisors assess the knowledge and skills of the student member and assign only those tasks and activities that fall within their competence.

Employ supervision strategies to determine which patients are suitable to receive services from a student licence member and take into account the competence of the student licence member, the patient care needs, and other factors related to the practice environment.

Supervisors provide direct supervision to the student; directly observing and analyzing the student's performance during their accredited optical training program.

Student members have not yet passed the accredited program or the NACOR exam, and as a result they cannot work alone in the field until they can demonstrate through the NACOR exam that they are qualified for Registration. A supervisor must watch and guide them through each part of their optical training.

CHECKLIST

HAVE YOU INCLUDED:

APPLICATION FORM COMPLETED IN FULL

SUPERVISOR AGREEMENT SIGNED

REQUIRED FEE

PASSPORT PHOTO

✓

APPLICANT SIGNATURE

DATE

Please fill out this form completely before submitting it to the SCO for review via email (office@scoptic.ca) or fax (306 652-0784)

If you have any questions, please contact the SCO office (306 652-0769)

PAYMENT INFORMATION

TOTAL FEE: _____

PAID BY: VISA MASTERCARD CHEQUE/MONEY ORDER E-TRANSFER

CARD NUMBER (if applicable): _____

EXPIRY DATE (MM/YY): _____

CVC # (3 Digits): _____

NAME ON CARD: _____

SIGNATURE: _____

*PLEASE MAKE PAYMENT OUT TO SASKATCHEWAN COLLEGE OF OPTICIANS IF PAYING BY CHEQUE/MONEY ORDER

*PLEASE NOTE, THERE IS A 5% SERVICE CHARGE ON ANY CREDIT CARD PAYMENT

*SEND E-TRANSFER TO OFFICE@SCOPTIC.CA



SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350-103rd STREET EAST, SASKATOON, SK S7N 1Z1

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