



PERSONAL INFORMATION

SURNAME: _____ FIRST NAME: _____
 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: PRACTICING OPTICAN
 PRACTICING CONTACT LENS PRACTITIONER
 ARE YOU CURRENTLY REGISTERED AS AN OPTICIAN IN ANOTHER PROVINCE?
 YES DETAILS: _____ NO

ADDITIONAL INFORMATION

NAME TWO CHARACTER REFERENCES 1. _____
 2. _____

Under Canada's PIPEDA, your business information can be released as it does not fall under the definition of personal information and is required to do business (to keep a member directory). Any other personal information can only be released with your consent. Please provide consent by adding your signature on one of the two following lines. (REQUIRED)

Release Business Information Only: _____
 signature

Release Personal Information: _____
 signature

LIABILITY INSURANCE (PRACTICING MEMBERS)

**PRACTICING MEMBERS MUST HOLD PROFESSIONAL LIABILITY INSURANCE (PLI) IN THE AMOUNT OF AT LEAST \$1 MILLION.
IF REQUIRED, THE SCO OFFICE CAN PROVIDE OPTIONS FOR PLI PROVIDERS.**

INSURANCE COMPANY: _____ POLICY #: _____ EXPIRY DATE: _____

INSURANCE DECLARATION

EACH PRACTICING MEMBER MUST HAVE PROFESSIONAL LIABILITY INSURANCE IN PLACE AT ALL TIMES

1. I hereby certify to the College of Opticians that I am insured under a professional liability insurance policy with policy limits of not less than \$1,000,000, and this policy is in full force and effective as of the date hereof;
2. I hereby undertake to the College of Opticians that, in the event the said policy is due to expire prior to the registration renewal date, I will either renew or replace the policy, prior to the expiry date, with one that contains policy limits of not less than \$1,000,000;
3. I undertake to promptly advise the Registrar in writing of any changes in my employer or place of business, name, or contact information; AND
4. I undertake, should I change employer or place of business, to certify to the College, in a form or manner acceptable to the Registrar, that I continue to be insured under a professional liability insurance policy with policy limits of not less than \$1,000,000 per occurrence before commencing new employment or working at a new place of business.

I have read and agree with the liability insurance declaration.

Dated this _____ Day of _____, 20_____

Name: _____ Signature: _____

CRIMINAL RECORD CHECK

As of April 28, 2021, the SCO requires new applicants, and non-registered applicants who are looking for reinstatement to submit a criminal record check to the SCO. Please visit <https://pages.sterlingbackcheck.ca/landing-pages/s/scoptic/> to complete your criminal check. This will be submitted to the SCO automatically once it is completed.

Criminal Record Check has been submitted to the College

DECLARATION OF CONDUCT

1. Have you been subject to any disciplinary action by a regulatory organization responsible for the regulation of opticians or any other profession since you last renewed your certificate of registration/ practice permit? YES NO
2. Have you pleaded guilty or have been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned? YES NO
3. Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incompetency, incapacity or a similar issue in relation to opticianry in Canada or elsewhere? YES NO

Solemn Declaration

I do solemnly swear, that I have completed the questions above to the best of my knowledge and believe the completed form hereto affixed is correct and true. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT

Dated this _____ Day of _____, 20_____

Name: _____ Signature: _____

TRANSFERING FROM ANOTHER PROVINCE—RELEASE OF INFORMATION

If you are transferring from another province, please complete the release of information agreement below.

I _____ hereby authorized _____
 (previous Regulatory body) to release information requested by the College of Saskatchewan, including any information related to my registration that may affect my suitability to practice Opticianry in Saskatchewan. This includes, information regarding professional misconduct, formal complaints, practice restrictions or other relevant findings about my experience as an Optician.

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	\$598.20	<input type="checkbox"/>	\$448.65	<input type="checkbox"/>	\$299.10	<input type="checkbox"/>	\$149.55	<input type="checkbox"/>
PRACTICING CONTACT LENS PRACTITIONER	\$884.40	<input type="checkbox"/>	\$663.30	<input type="checkbox"/>	\$442.20	<input type="checkbox"/>	\$221.10	<input type="checkbox"/>
ONE TIME REGISTRATION FEE	\$200.00	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>
TOTAL FEE PAYABLE =								

**FEES CAN BE PAID BY CHEQUE, MONEY ORDER, VISA, MASTERCARD 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
- LIABILITY INSURANCE INFORMATION
- SIGNED INSURANCE DECLARATION
- SIGNED DECLARATION OF CONDUCT
- CRIMINAL RECORD CHECK
- PASSPORT PHOTO
- REQUIRED FEE

✓

APPLICANT SIGNATURE

DATE

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

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)



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

WEBSITE: WWW.SCOPTIC.CA