



**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 LICENSES 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	SEPTEMBER 1 - AUGUST 31	
STUDENT OPTICIAN	\$45.00	✓
STUDENT CONTACT LENS PRACTITIONER	\$45.00	
STUDENT OPTICIAN/ CONTACT LENS PRACTITIONER RENEWAL FEES	\$30.00	
<b>ONE TIME REGISTRATION FEE</b>	<b>\$30.00</b>	
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.

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, check and approve the student licence member's work to ensure their working knowledge and competence in the following categories:

1. MEASUREMENT:  
Ensure the accurate measurements and recording of pupil distance; segment or optical center heights;
2. INSTRUMENTATION:  
Effective use of a manual lensometer, pupillometer, slit lamp, and keratometer where applicable;
3. TECHNOLOGY:  
The candidate should possess a good working knowledge of current lenses, designs, and options.

I \_\_\_\_\_, LO/LCLP # \_\_\_\_\_ agree to act as the primary preceptor/supervisor for \_\_\_\_\_ until he/she has passed the NACOR National EG or CL Examination.

I \_\_\_\_\_, LO/LCLP # \_\_\_\_\_ agree to act as the secondary preceptor/supervisor for \_\_\_\_\_ until he/she has passed the NACOR National EG or CL Examination. *(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. 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.

Supervisor 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 the job.**

## 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](mailto: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](mailto:OFFICE@SCOPTIC.CA)



**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](mailto:OFFICE@SCOPTIC.CA)**