



**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:  RESTRICTED PRACTICING OPTICIAN

RESTRICTED PRACTICING CONTACT LENS PRACTITIONER

**If you graduated from an accredited educational institution, you will be required to submit proof of graduation (for example, an official letter from the educational institution or a copy of your transcripts).**

**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: \_\_\_\_\_

## 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 supervise, check and approve the restricted 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, pupilometer, 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 restricted licensed member working under supervision. Assess the knowledge and skills of the restricted licensed 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 restricted licence member and take into account the competence of the restricted licence member, the patient care needs, and other factors related to the practice environment.

Supervisor must be on-site (on the premises) and available to the restricted licensed member for consultation.

**Restricted licensed members have not yet passed the NACOR exam, and as a result they cannot work alone in the field until they can demonstrate through the exam that they are qualified for Registration. A supervisor must watch and guide them through each part of the job.**

**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 \$200 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"/>
RESTRICTED PRACTICING OPTICIAN	\$598.20		\$448.65		\$299.10		\$149.55	
RESTRICTED PRACTICING CONTACT LENS PRACTITIONER	\$286.20		\$214.65		\$143.10		\$71.55	
RESTRICTED PRACTICING OPTICIAN & CONTACT LENS PRACTITIONER	\$884.40		\$663.30		\$442.20		\$221.10	
<b>ONE TIME REGISTRATION FEE</b>	<b>\$200.00</b>		<b>\$200.00</b>		<b>\$200.00</b>		<b>\$200.00</b>	
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
- SUPERVISOR AGREEMENT SIGNED
- 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](mailto:OFFICE@SCOPTIC.CA)

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)



**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)**

**WEBSITE: [WWW.SCOPTIC.CA](http://WWW.SCOPTIC.CA)**