



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 _____

PREFERRED COMMUNICATION METHOD HOME WORK EMAIL

REGISTRATION

TYPE OF APPLICATION: STUDENT OPTICIAN
STUDENT CONTACT LENS PRACTITIONER

ARE YOU CURRENTLY ENROLLED IN AN ACCREDITED OPTICAL SCIENCES PROGRAM? YES DETAILS _____
NO

SUPERVISOR AGREEMENT - See over for a 2nd Supervisor Agreement

I _____, LICENSE NUMBER _____ AGREE TO BE PHYSICALLY PRESENT AND SUPERVISE, CHECK AND
PRINT NAME

APPROVE THE WORK OF _____ from _____ FOR THE DURATION OF THEIR STUDIES.
PRINT NAME OF STUDENT INSERT START 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.

SIGNATURE OF SUPERVISOR _____ DATE _____

FEES

STUDENT LICENSES ARE VALID FOR THE ACADEMIC YEAR. A ONE-TIME REGISTRATION FEE OF \$30 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 1ST - AUGUST 31ST	<input checked="" type="checkbox"/>
STUDENT OPTICIAN	\$30.00	<input type="checkbox"/>
STUDENT CONTACT LENS PRACTITIONER	\$30.00	<input type="checkbox"/>
REGISTRATION FEE (FIRST TIME APPLICANTS ONLY)	\$30.00	<input type="checkbox"/>
TOTAL FEE PAYABLE =		

CHECKLIST

HAVE YOU INCLUDED:	<input checked="" type="checkbox"/>
APPLICATION FORM COMPLETED IN FULL	<input type="checkbox"/>
REQUIRED FEE	<input type="checkbox"/>
PASSPORT PHOTO	<input type="checkbox"/>

MAIL COMPLETED FORMS & PAYMENT TO:
SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350—103 STREET EAST, SASKATOON, SK S7N 1Z1
PHONE: 306-652-0769 FAX: 306-652-0784 EMAIL: OFFICE@SCOPTIC.CA

Please complete the following Supervisor Agreement if you have a 2nd Supervisor.

SUPERVISOR AGREEMENT - 2nd Supervisor

I _____, LICENSE NUMBER _____ AGREE TO BE PHYSICALLY PRESENT AND SUPERVISE, CHECK AND
PRINT NAME

APPROVE THE WORK OF _____ from _____ FOR THE DURATION OF THEIR STUDIES.
PRINT NAME OF STUDENT INSERT START 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.

SIGNATURE OF SUPERVISOR _____

DATE _____

MAIL COMPLETED FORMS & PAYMENT TO:

**SASKATCHEWAN COLLEGE OF OPTICIANS, #13—350—103 STREET EAST, SASKATOON, SK S7N 1Z1
PHONE: 306-652-0769 FAX: 306-652-0784 EMAIL: OFFICE@SCOPTIC.CA**