



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 _____

EMAIL _____ FAX _____

PREFERRED COMMUNICATION EMAIL ADDRESS HOME WORK

EDUCATION & EXPERIENCE

HIGHEST LEVEL OF EDUCATION ATTAINED _____

OPTICAL EDUCATION

NAME OF INSTITUTE	COURSE NAME	DATE OF GRADUATION	COMPLETED SUCCESSFULLY

OPTICAL EXPERIENCE

COMPANY	ROLE (e.g. STUDENT/LICENSED OPTICIAN)	DATES OF EMPLOYMENT

REGISTRATION

TYPE OF APPLICATION: PRACTICING OPTICIAN

PRACTICING CONTACT LENS PRACTITIONER

ARE YOU CURRENTLY REGISTERED AS AN OPTICIAN IN ANOTHER PROVINCE? YES DETAILS _____ NO

ADDITIONAL INFORMATION

NAME 2 CHARACTER REFERENCES 1. _____
 2. _____

**Under the Privacy Information Act, your business information can be released.
 Any other information can only be released with your approval. Your signature is required on one of the following lines.**

Release Business Information only _____ signature _____ Release all information _____ signature _____

LIABILITY INSURANCE (PRACTICING MEMBERS)

**PRACTICING MEMBERS MUST SUBMIT PROOF OF PROFESSIONAL LIABILITY INSURANCE (PLI) IN THE AMOUNT OF AT LEAST \$1 MILLION.
 IF REQUIRED, THE SCO OFFICE CAN PROVIDE CONTACT INFORMATION FOR INSURANCE COMPANIES.
 PLEASE ATTACH PLI CERTIFICATE WITH THIS APPLICATION FORM**

INSURANCE COMPANY _____ POLICY NUMBER _____ EXPIRY DATE _____

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	3 MONTHS	
PRACTICING OPTICIAN	\$149.55	✓
PRACTICING CONTACT LENS PRACTITIONER	\$221.10	
ONE TIME REGISTRATION FEE	\$200.00	
TOTAL FEE PAYABLE =		

**FEES CAN BE PAID BY CHEQUE, MONEY ORDER, CREDIT CARDS 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	
PROOF OF LIABILITY INSURANCE	
REQUIRED FEE	
PASSPORT PHOTO	
CRIMINAL RECORD CHECK	
LETTER OF GOOD STANDING	

APPLICANT SIGNATURE: _____
 DATE: _____

**MAIL COMPLETED FORMS & PAYMENT TO:
 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**