



**PERSONAL INFORMATION**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GENDER:  Male  Female  X

DATE OF BIRTH: \_\_\_\_\_

Month / Day/ Year

RESIDENTIAL INFORMATION

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RECENT EMPLOYMENT INFORMATION

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

RECENT EMPLOYMENT INFORMATION (IN CASE MORE THAN 1 EMPLOYER)

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

**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.

**PREVIOUS LICENCE INFORMATION**

WERE YOU AN OPTICAN  AND / OR CONTACT LENS PRACTITIONER  WITH SCO

LICENCE NUMBER : LO \_\_\_\_\_ LCLP \_\_\_\_\_

LAST LICENCE YEAR WITH SCO \_\_\_\_\_

DID YOU HOLD OPTICIANS LICENCE IN ANY OTHER PROVINCE IN THE PAST? YES  NO

IF YES, PROVINCE NAME \_\_\_\_\_

LICENCE NUMBER \_\_\_\_\_ LAST LICENCING YEAR \_\_\_\_\_

PLEASE EXPLAIN REASON FOR GOING NON PRACTICING & COMING BACK TO PRACTICE (You can attach additional sheet, if required)

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

## 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: \_\_\_\_\_

## CHECKLIST ALL MANDATORY

### HAVE YOU INCLUDED:

- APPLICATION FORM COMPLETED IN FULL
- LIABILITY INSURANCE INFORMATION
- SIGNED INSURANCE DECLARATION
- SIGNED DECLARATION OF CONDUCT
- CONTINUING EDUCATION CREDITS
- PASSPORT PHOTO IN JPEG OR JPG
- PREVIOUS LICENCE INFORMATION

✓


**NOTE**

1. The College will process your application and inform you if it has been accepted or rejected. Kindly remit the fees once your application is approved.
2. To know about the fee details, please refer to the fee structure available on the SCO website ([www.scoptic.ca](http://www.scoptic.ca)). Members must login to members hub and pay the fees
3. 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. Cheques are payable to SCO.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**CONSENT**

**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).**

**By consenting to this part you are authorizing the Saskatchewan College of Opticians (SCO) to keep your information in the data base, contact you in case of any need and disclose your information for conducting administration of the college under the Opticians Act , Regulatory and Administrative bylaw of the College**

**Collect, use or disclose personal information :** \_\_\_\_\_  
signature

**Release Personal Information:** \_\_\_\_\_  
signature