



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

CURRENT LICENCE INFORMATION

OPTICAN

CONTACT LENS PRACTITIONER

LICENCE NUMBER : LO LCLP

REASON FOR OBTAINING NON PRACTISING STATUS ? _____

NON -PRACTISING WITH EFFECT IN _____

Month / Day/ Year

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

Dated this _____ Day of _____, 20_____

Name: _____ Signature: _____

ADDITIONAL DECLARATION

1. I will not use the Optician (LO) or Contact lens Practitioner (LCLP) title in Saskatchewan until I obtain a full practicing licence from SCO
2. I have read and agree to abide by the Opticians Act of Saskatchewan, and the bylaws made thereunder
3. I have stricken off any of the above statements that are not true and appended a full explanation, which I affirm to be complete and true in every respect.
4. It is my responsibility to update the college about change in any of my personal and contact information being non practicing member.
5. I understand that Non-Practising Registrants are still required to pay an annual registration renewal fee by March 31 each year.

I understand that with a non-practising registration:

I will not practice in the Opticianry field in Saskatchewan in any capacity, including private practice, consultation or any Optometry clinic

Dated this _____ Day of _____, 20_____

Name: _____ Signature: _____

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 Saskatchewan College of Opticians, 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.

CHECKLIST ALL MANDATORY

HAVE YOU INCLUDED:

- APPLICATION FORM COMPLETED IN FULL
- SIGNED DECLARATION
- SIGNED ADDITIONAL DECLARATION
- REASON FOR CHANGE IN STATUS I.E NON PRACTISING
- REQUIRED FEE

✓

FEES

1. The College will process your application and inform you about the fees. Kindly remit the fees once your application is approved.
2. Please refer to the free structure available on the SCO website (www.scoptic.ca).
3. Fees can be paid by cheque, Money order, Visa, Mastercard or e-transfer.
4. Please note there is a 2.7% service charge applicable with credit card payments. Members must login to members hub and pay the fees.
5. Please make cheques 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