



PERSONAL INFORMATION

SURNAME: _____ FIRST NAME: _____

SEX: Male Fe- male 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: LILI- LICENSED OPTICIAN- PRACTICING STATUS

LICENSED CONTACT LENS PRACTITIONER- PRACTICING STATUS

ARE YOU CURRENTLY REGISTERED AS AN OPTICIAN IN ANOTHER PROVINCE?

YES DETAILS: _____

NO

ADDITIONAL INFORMATION

NAME TWO CHARACTER REFERENCES 1. _____

2. _____

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 REINSTATEMENT (You can attach additional sheet, if required)

ADDITIONAL INFORMATION

1. If you were not an active member with any opticianry college in Canada in last 3 years, did you challenge CGA?
YES NO
2. If YES, what was your score? At Below Above
3. If your score was Below, did you complete bridging modules assigned to you? YES NO

INSURANCE DECLARATION

EACH PRACTICING MEMBER MUST HAVE PROFESSIONAL LIABILITY INSURANCE IN PLACE AT ALL TIMES

1. I hereby certify to the Saskatchewan 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 Saskatchewan 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: _____

TRANSFERRING 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.

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

Dated this _____ Day of _____, 20_____

Name: _____ Signature: _____

CHECKLIST ALL MANDATORY

HAVE YOU INCLUDED:

- APPLICATION FORM COMPLETED IN FULL
- SIGNED DECLARATION OF CONDUCT
- SIGNED ADDITIONAL DECLARATION
- REASON FOR REINSTATEMENT
- SIGNED NON PRACTISING UNDERTAKING
- PROFESSIONAL LIABILITY INSURANCE
- REQUIRED FEE
- PHOTO

✓

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 fee 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