SASKATCHEWAN College of Opticians

APPLICATION & REGISTRATION for TEMPORARY OPTICIAN/ CONTACT LENS PRACTITIONER LICENCE

(Amended in 2026)

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

Upon submission of your application form and all other supporting documents based on your application requirements, the SCO administration will contact you with the calculated fees due upon receipt.

FEES CAN BE PAID BY CHEQUE, MONEY ORDER, CREDIT CARDS OR E-TRANFER.
PLEASE NOTE THERE IS A 2.7% SERVICE CHARGE APPLICABLE WITH CREDIT CARD PAYMENTS. PLEASE MAKE CHEQUES PAYABLE TO SCO.

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	Per MONTH (max of 3 months)	✓
PRACTICING OPTICIAN	$50.84	
PRACTICING CONTACT LENS PRACTITIONER	$73.70	
ONE TIME REGISTRATION FEE	**$200.00**	
TOTAL FEE PAYABLE =		

CHECKLIST

HAVE YOU INCLUDED:	✓
APPLICATION FORM COMPLETED IN FULL	
PROOF OF LIABILITY INSURANCE	
PASSPORT PHOTO	
CRIMINAL RECORD CHECK	
LETTER OF GOOD STANDING	

APPLICANT SIGNATURE: _____

DATE: _____

MAIL COMPLETED FORMS TO:
SASKATCHEWAN COLLEGE OF OPTICIANS, #356, 318-21st Street East, Saskatoon, SK S7K 6C8
PHONE: 306-652-0769 EMAIL: admin@skopticians.com