



2018 APPLICATION for ANNUAL OPTICIAN LICENCE &/or CONTACT LENS PRACTITIONER LICENCE

Saskatchewan College of Opticians
#13 - 350-103rd Street East, Saskatoon, Sask. S7N 1Z1
Phone: 306-652-0769 Fax: 306-652-0784 Email: sk.opticians@sasktel.net

Name (print) _____ Licence # LO _____ Licence # LCLP _____

Date of Birth _____

Signature _____ Communication Home ___ Business ___ Email ___

Residential Information (required)

Address _____ City/Province _____
Postal Code _____ Phone # _____ Cell # _____
Email address _____

Practice Information (required)

Company _____
Address _____ City/Province _____
Postal Code _____ Phone # _____ Fax # _____
Email address _____ Website _____

Fee Structure

Table with 2 columns: Member Type, Fee, and checkbox. Rows: PRACTICING MEMBER FEES, OPTICIAN (\$516.59), CONTACT LENS PRACTITIONER (\$790.08)

Table with 2 columns: Requirement and checkbox. Rows: PRACTICING MEMBERS MUST INCLUDE: COMPLETED MEMBERSHIP FORM, PROOF OF LIABILITY INSURANCE, PAYMENT IN FULL

Table with 2 columns: Member Type, Fee, and checkbox. Rows: NON-PRACTICING MEMBER FEES, OPTICIAN (\$159.89), CONTACT LENS PRACTITIONER (\$328.19)

Table with 2 columns: Requirement and checkbox. Rows: NON-PRACTICING MEMBERS MUST INCLUDE: COMPLETED MEMBERSHIP FORM, PAYMENT IN FULL, SIGNED DECLARATION BELOW

Table with 2 columns: Member Type, Fee, and checkbox. Rows: RETIRED MEMBER FEES, OPTICIAN (\$42.55), CONTACT LENS PRACTITIONER (\$85.09)

Table with 2 columns: Requirement and checkbox. Rows: RETIRED MEMBERS MUST INCLUDE: COMPLETED MEMBERSHIP FORM, PAYMENT IN FULL, SIGNED DECLARATION BELOW

NON-PRACTICING LICENCES

BY registering as a NON-PRACTICING member of the Saskatchewan College of Opticians, I hereby agree that I will not actively perform opticianry duties in the Province of Saskatchewan. I further agree that performing such duties in Saskatchewan while registered as inactive is considered 'dispensing without a licence', and I will be subject to the appropriate disciplinary actions of the Saskatchewan College of Opticians.

Signature _____ Date _____

Please make cheques payable to: Saskatchewan College of Opticians
5% service charge applicable with card payments
Do Not include Card # on form
We will contact you for it.

APPLICATIONS RECEIVED WITHOUT FEES OR PROOF OF INSURANCE WILL NOT BE PROCESSED
\$75 LATE FEE APPLICABLE FOR APPLICATIONS RECEIVED AFTER APRIL 1ST