



**2019 APPLICATION for ANNUAL OPTICIAN LICENSE
&/or CONTACT LENS PRACTITIONER LICENSE**
 Saskatchewan College of Opticians
 #13 – 350-103rd Street East, Saskatoon, SK, S7N 1Z1
 Phone: 306-652-0769 Fax: 306-652-0784 Email: office@scoptic.ca

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

Date of Birth _____ Communication (CHOOSE ONE) 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 _____

PLEASE REFER TO THE ENCLOSED LETTER FOR NEW PHOTO REQUIREMENTS

<p align="center">PRACTICING MEMBERS FEES</p> <p>OPTICIAN \$516.59 <input type="checkbox"/></p> <p>CONTACT LENS PRACTITIONER \$790.08 <input type="checkbox"/></p>	<p align="center">PRACTICING MEMBERS MUST INCLUDE:</p> <p>NEW PASSPORT STYLE PHOTO FOR 2019 (if requested) <input type="checkbox"/></p> <p>COMPLETED APPLICATION FORM <input type="checkbox"/></p> <p>PROOF OF LIABILITY INSURANCE <input type="checkbox"/></p> <p>PAYMENT IN FULL <input type="checkbox"/></p> <p>SIGNED DECLARATION OF CONDUCT ON 2ND PAGE <input type="checkbox"/></p>
<p align="center">NON-PRACTICING MEMBERS FEES</p> <p>OPTICIAN \$159.89 <input type="checkbox"/></p> <p>CONTACT LENS PRACTITIONER \$328.19 <input type="checkbox"/></p>	<p align="center">NON-PRACTICING MEMBERS MUST INCLUDE:</p> <p>NEW PASSPORT TYPE PHOTO FOR 2019 (if requested) <input type="checkbox"/></p> <p>COMPLETED APPLICATION FORM <input type="checkbox"/></p> <p>PAYMENT IN FULL <input type="checkbox"/></p> <p>SIGNED DECLARATION ON 2ND PAGE <input type="checkbox"/></p>
<p align="center">RETIRED MEMBERS FEES</p> <p>OPTICIAN \$42.55 <input type="checkbox"/></p> <p>CONTACT LENS PRACTITIONER \$85.09 <input type="checkbox"/></p>	<p align="center">RETIRED MEMBERS MUST INCLUDE:</p> <p>COMPLETED APPLICATION FORM <input type="checkbox"/></p> <p>PAYMENT IN FULL <input type="checkbox"/></p> <p>SIGNED DECLARATION ON 2ND PAGE <input type="checkbox"/></p>

PRACTICING LICENSE

To be completed by Practicing Members:

DECLARATION OF CONDUCT

- | | |
|---|-------------------|
| 1. Have you ever been found guilty of an offense related to the regulation of the practice of opticianry? | YES ___
NO ___ |
| 2. Have you been found guilty of a criminal offense? | YES ___
NO ___ |
| 3. Has a finding of professional negligence or malpractice, which may or may not relate to your suitability to practice, been made against you? | YES ___
NO ___ |
| 4. Have you ever been refused registration in an opticianry regulatory body? | YES ___
NO ___ |
| 5. Have you ever had a finding of or are you currently facing a proceeding for professional misconduct, incompetency, incapacity, or similar issue in relation to opticianry in Canada or elsewhere? | YES ___
NO ___ |
| 6. Have you had a finding of, or are you currently facing a proceeding for professional misconduct, incompetency, incapacity, or a similar issue <u>in another profession other than opticianry</u> in Canada or elsewhere? | YES ___
NO ___ |
| 7. Have you applied for registration as an optician and/or contact lens fitter in any other province? | YES ___
NO ___ |
| 8. Do you intend to apply for registration as an optician and/or contact lens fitter in any other province? | YES ___
NO ___ |
| 9. Have you previously completed a competency gap analysis (CGA)? | 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.

Signature _____

Date _____

To be completed by Non-Practicing and Retired Members

NON-PRACTICING LICENSE

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 license”, and I will be subject to the appropriate disciplinary action 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.
We accept e-Transfers—please send to
office@scoptic.ca

**APPLICATIONS RECEIVED WITHOUT FEES,
PROOF OF INSURANCE
WILL NOT BE PROCESSED**

**\$75 LATE FEE APPLICABLE FOR APPLICATIONS
RECEIVED AFTER APRIL 1ST**