

SASKATCHEWAN COLLEGE OF OPTICIANS
STUDENT OPTICIAN MEMBERSHIP & REGISTRATION FORM



To: The Registrar
SASKATCHEWAN COLLEGE OF OPTICIANS
#306 – 1114 – 22nd Street West [SGEU BUILDING]
SASKATOON, SK S7M 0S5

Phone: (306) 652-0769

Fax: (306) 652-0784

Mr. _____
Mrs. _____
Miss _____ (Surname) (Given Names)

_____ of _____
(Date of Birth) (Street Address)

_____, Saskatchewan _____
(Town or City) (Postal Code)

FAX: _____
Telephone: _____

EMAIL: _____

Place of Employment: _____
(Name and Address)

_____ (Postal Code)

FAX: _____
Telephone: _____

EMAIL: _____

Hereby applies for **Registration & Membership as a STUDENT OPTICIAN.**

List previous Optician Training or and other job experience. (Institutions and Diplomas obtained.)

List of services to be provided and describe proposed supervision. **ANY CHANGES OF EMPLOYMENT OR SUPERVISION must be approved by Council of the Saskatchewan College of Opticians.**

I am presently enrolled in, or will enroll in (at the earliest opportunity) the NAIT/ Opticians' Association of Canada Distance Delivery Course, or have previously completed the following course:

Annual MEMBERSHIP & REGISTRATION FEES **MUST** accompany this Application... Annual Membership & Registration Fees are payable each year on or before August 1st.

_____ Registration Fee	<u>\$ 10.00</u>
_____ Annual Membership Fee	<u>\$325.00</u>
TOTAL	<u>\$335.00</u>

Please make cheque payable to:
SASKATCHEWAN COLLEGE OF OPTICIANS
#306 – 1114 – 22nd Street West [SGEU BUILDING]
SASKATOON, SK S7M 0S5

Date: _____ Signature: _____

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I am in AGREEMENT with and will be PHYSICALLY PRESENT and WILL SUPERVISE, CHECK, and APPROVE the work of the above Student.

Date: _____ Signature of Supervisor: _____

Registration No. _____ Licensed to Dispense in Saskatchewan

*** PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR ADVISING THE REGISTRAR OF ANY CHANGES IN THE STATUS OF THE STUDENT*****