

Opticians Association of Canada

Application for NAIT/OAC Optical Sciences Programs

*IMPORTANT: Please read all instructions carefully and supply ALL information requested.
Errors and omissions will delay registration..*

Course: ADVANCED PRACTICE 2 - SIGHT TESTING	Previous NAIT student: <input type="checkbox"/> (check if applicable)
Province: _____	Office Use Only: Student Number

SURNAME _____ **GIVEN NAME(S)** _____

Maiden Name _____ Date of Birth _____ Gender: M F
(month) (day) (year)

Citizenship _____

Province of Licensure _____ License Number _____

Are you licensed to fit contact lenses? Yes** No ***If yes, copy of License must be provided with application*

HOME INFORMATION: Send all program correspondence to this address? Yes No

Address _____

City _____ Province _____ Postal Code _____

Phone Number (_____) _____

E-mail Address _____

BUSINESS INFORMATION: Send all program correspondence to this address? Yes No

** Course material will be sent via courier to your business address at the beginning of the academic year*

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number (_____) _____ Fax Number (_____) _____

AP2 - Sight Testing Course Fee	\$2500.00	<small>(See below for textbook fees)</small>
Check Textbooks (✓) (Textbooks may be purchased through the OAC or from an alternate source) * GST percentage is 5%		
<input type="checkbox"/> Primary Care Optometry		\$147.00 + GST* (Subject to change)
<input type="checkbox"/> Fundamentals for Ophthalmic Technical Personnel		\$102.00 + GST* (Subject to change)
<small>** Cost of textbooks are due August 1.</small>		
Method of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
Is your company paying for you to take this course? If yes, check here: <input type="checkbox"/> (Receipt will be issued under your company name)		
Credit Card # _____		Expiry Date _____
Name on Credit Card _____		

DECLARATION:

I hereby declare that the information provided in the foregoing application is complete and true in all respects and I make this solemn declaration believing it to be true and knowing that it is of the same force and effects as if made under oath by virtue of the Canadian Evidence Act.

I understand that Refracting (Sight Testing) is not currently within the scope of practice of Opticians in many provinces and that this course is offered for educational purposes only in those jurisdictions. I understand that this program has been approved and meets the criteria as required by the Standards of Practice for B.C. and Ontario.

Declarant's (Student) Signature

Date

Privacy Disclaimer: I understand that in order to process my application, administer the program and provide me with course and examination results, OAC will collect some personal information about me (eg. name, address, program and examination results). I agree to OAC collecting, using, and disclosing personal information about me, as is necessary for the processing and administration of my application and course work by the OAC and NAIT.

PLEASE FORWARD ALL DOCUMENTATION TO:	Opticians Association of Canada 2706—83 Garry Street Winnipeg, Manitoba R3C 4J9 Ph. 800-847-3155 Fax: (204) 947-2519
APPLICATION DEADLINE: AUGUST 1ST	