

**National Association of Canadian Optician
Regulators**



**NATIONAL ACCREDITATION
PHASE 1
APPLICATION**

**National Association of Canadian Optician Regulators
Application for/Renewal of Accreditation**

Application: A separate accreditation application form and fee is required for each program applying for accreditation. The application fee is currently \$250.00. Payment of application fees must be submitted with this application form. A fee schedule is attached at the bottom of this application form.

Type of application: (check one of each box):

New Accreditation Renewal of Accreditation

Main Location Branch Location

SECTION A - BUSINESS INFORMATION		PLEASE COMPLETE ALL AREAS OF SECTION A	
Name of Academic Institution			
Street Address		Postal code	
Mailing Address		Postal code	
Phone No.	Fax	Website Address	
Legal Name of Program provider			
Legal Address of Program provider			
CONTACT INFORMATION			
Name and Title of person completing application		Phone no.	
		Email address:	
Name and Title of person responsible for accreditation		Phone No.	
		Email address:	

SECTION B – OVERVIEW OF OPERATIONS	PLEASE COMPLETE ALL AREAS OF SECTION B
1. How many total locations does the program provider operate?	
2. Provide full addresses of all operating locations (attach sheet if necessary)	
(a)	
(b)	
(c)	
3. Will there be new locations opening during the time that your program is undergoing accreditation?	Yes/ No/ Undecided
4. Will any locations be moving or closing during the time that your program is undergoing accreditation?	Yes/ No/ Undecided
5. List all optical programs currently offered by the provider and verify those that are accredited with NACOR by indicating Yes or No in the box to the right.	
Name of Program(s)	NACOR accredited (Yes or No)
6. Are you planning any major changes or revisions to your curriculum (30% or more) during the time that your program is undergoing accreditation?	Yes/ No/ Undecided
7. Is the program offered through non-traditional learning modes? (Alternate delivery systems) If so explain:	Yes/ No/ Undecided
8. As of January 31 (current year): How many FT learners are enrolled in the program?	
9. As of January 31 (current year): How many PT learners are enrolled in the program?	
10. As of January 31 (current year): What is the number of graduates from the program in the past six years?	
11. Length of program (total delivery hours)	
12. Provide a brief description of the program, courses and program learning outcomes. (A copy of your official program outline may be submitted with this initial application to meet this requirement).	
13. Has your program been approved by appropriate government, institutional and professional regulatory bodies? (Proof of approval is required for processing accreditation application).	Yes/ No/Explain

Authorization and Release:

This is a formal request to undergo a NACOR accreditation review.

(Name of school)

(Name of program to be reviewed)

Application and Accreditation Fees:

1. Fees are charged for accreditation. NACOR approves the accreditation fees. The optician program/school is responsible for paying the accreditation fees.
2. A non-refundable administration fee of \$250.00 must be remitted with the application for accreditation.
3. Accreditation fees are \$3000.00. The first half is due at the start of the accreditation and the second half is payable following completion of the accreditation. For new program accreditations the second half is payable following the site visit.
4. The Educational Agency (EA) is responsible for the costs of the site visit
Including:
 - a) travel, and three (3) days accommodation and meal expenses for two (2) assessors
 - b) per diem for two (2) assessors paid at \$200.00 per day including travel days
5. The annual renewal fee is \$500.00 per year for each program beginning one year after accreditation.

These fees are subject to change, and institutions will be notified of current fees prior to commencing the accreditation process.

I hereby authorize that the NACOR Accreditation process take place.

Authorized signature

Date

Title

NACOR USE ONLY

Accreditation application approval: Approved _____ ; or
Follow-up required re:

NACOR: _____ Date: _____

The information on this application form is confidential and is requested in expectation of confidentiality for the purposes of Freedom of Information and Protection of Privacy Acts.