

National Optical Sciences 1 - Eyeglass and Optical Sciences 2 – Advanced Practice Contact Lens Examination Application Form

First Name and Middle Initial	Surname
Mailing Address (Street)	Maiden Name
(City)	Title (Circle one) Mr. Mrs. Ms. Miss
(Province)	Daytime Telephone Number
(Postal Code)	E-mail address

Indicate examination date & location for which you are applying:	I am applying to write: Optical Sciences 1 – Eyeglass Examination _____ Optical Sciences 2 – Advanced Practice Contact Lens Examination _____ Language: English _____ French _____ <i>*French language examination only offered in New Brunswick*</i>
Which province you are going to apply for licensing in:	Have you previously attempted <u>either</u> the NACOR Eyeglass or Contact Lens Examinations? yes no
What school did you receive your training at:	Course End Date: Month _____ Year _____

Personal Affidavit – The personal affidavit must be signed

I make a personal declaration that all information provided on this application is true. I further declare that I understand should any information provided by me on this application be false, my application will be rejected. Should my application be rejected based on any falsehoods I have declared, no payments that I have remitted will be refunded.

I understand that NACOR will forward all examination results to the provincial regulatory body to which I will apply for licensing with and hereby give my permission.

I have read and understood the NACOR Candidate’s Examination Handbook and agree to abide by the terms and conditions outlined therein.

I understand that in order to process my application, administer the examination and provide me with my results, NACOR will collect some personal information about me (e.g. name, address, program results, and examination results). I agree to NACOR collecting, using, and disclosing personal information about me, as it deems necessary for the processing and administration of my application and examination.

I understand that the provincial regulatory body to which I will be applying for licensing with will verify all information I have declared on this application and hereby give my permission for the NACOR office to release and to discuss this information with this provincial regulatory body. The provincial regulatory body to which I will be applying for licensing with has absolute discretion to accept or reject this application.

Signature _____ **Date** _____

Terms of payment please check one: Cheque payable to NACOR _____ Visa _____ Mastercard _____

Credit card number _____

Expiry Date _____ CVV _____

Name of card holder _____

Signature of card holder _____

I authorize the National Association of Canadian Optician Regulators (NACOR) to charge my credit card in the amount of \$ _____ (eyeglass or contact lens exam \$725/ both examinations \$1450)

Applications that do not include the signature of the card holder will not be processed

NACOR will contact you by e-mail to confirm the receipt of your application. Please add jhay@nacor.ca to your address book to ensure that your computer will accept the email. The address you supply will be the address to which all correspondence from NACOR will be sent. You are responsible for informing the NACOR office of any change in personal information.

Candidates who are going to be **applying for registration in Alberta** must be registered as a Provisional Optician with the College of Opticians of Alberta. For further information on becoming registered as a Provisional Optician contact the College of Opticians of Alberta at 780-429-2694 or at coa@opticians.ab.ca

Candidates who will be **applying for registration in Ontario** must be registered as an Intern Optician with the College of Opticians of Ontario. For further information on becoming registered as an intern, please visit the College's website at www.coptont.org or contact the College by email at registration@coptont.org or by telephone at 416-368-3616.

Send your completed application form along with payment directly to the NACOR office. Applications can be sent by fax, mail or email to:

NACOR Office
2709-83 Garry Street
Winnipeg, MB
R3C 4J9
Ph: 204-949-1950
Toll Free: 1-866-949-1950
Fax: 204-949-9153
exam@nacor.ca