

NACOR Application for PLAR Bridging Post-Tests

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

Please indicate in which Province you are completing PLAR:
CGA Applicant ID (for office use only)

NACOR will contact you by e-mail to confirm the receipt of your application. Please add jhay@nacor.ca to your contacts to ensure that your computer will accept the email. The email 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.

Please Indicate with a ✓ the Post-Test(s) you wish to complete:

1	Legislation	
2	Communication	
3	Professionalism	
4	Infection Control	
5	Equipment use - eyeglasses	
6	Equipment use - contact lenses	
7	Anatomy - eyeglasses & contact lenses	
8	Optics	
9	Critical thinking	
10	Dispensing eyeglasses - Course #1	
11	Dispensing eyeglasses - Course #2	
12	Dispensing contact lenses - Course #1	
13	Dispensing contact lenses - Course #2	
14	The Intake Interview	
15	Screening Tests	
16	Refracting	
17	Developing a Prescription	

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All fees for PLAR Bridging Module Post-Tests are payable by credit card and are collected by NACOR. **Please provide credit card information on page 3 of this application form.**

Upon processing of this application, NACOR will provide access to the post-test(s) to the applicant directly via email. Post-test results will be provided to the applicant via email.

Personal Affidavit – The personal affidavit must be signed

I understand that NACOR will notify the provincial regulatory body in which I am undertaking PLAR when I have completed and passed a post-test and I hereby give my permission.

I understand that failed post-test marks will only be sent to me and the provincial regulatory board will not be notified of failed attempts.

I understand that NACOR will only release to me my final score and that my actual test will not be available for review.

I understand that in order to process my application and administer the post-test(s); NACOR will collect some personal information about me (e.g. name and contact information). 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 post-test(s).

I understand that the provincial regulatory body in which I am undertaking PLAR 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 has absolute discretion to accept or reject this application.

Signature _____

Date _____

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Credit card number _____

Expiry Date _____ CVV _____

Name of card holder _____

Signature of card holder _____

I authorize the National Alliance of Canadian Optician Regulators (NACOR) to charge my credit card in the amount of \$_____ (\$100.00 per post-test **plus** applicable GST/HST)

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

A credit card receipt will be provided via email.

Please send your completed application form along with payment information directly to the NACOR office. Applications can be sent by fax or email to:

Fax: 1-204-949-9153

exam@nacor.ca