

**National Optical Sciences 1 - Eyeglass and Optical Sciences 2 – Advanced
Practice Contact Lens Examination Application Form**
(Please Print Clearly)

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

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____
Province you are going to apply for licensing in:	Have you previously attempted either the NACOR Eyeglass or Contact Lens Examinations? yes no
School you received your training:	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 Alliance of Canadian Optician Regulators (NACOR) to charge my credit card in the amount of \$ _____ (eyeglass or contact lens exam \$750/ both examinations \$1500)

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 will be **applying for registration in Alberta** must be registered as a Provisional Optician with the Alberta College & Association of Opticians (ACAO). For further information on becoming registered as a Provisional Optician contact the ACAO at 780-429-2694 or at general@acao.ca

Candidates who will be **applying for registration in Saskatchewan** must be registered as a Restricted Optician or Restricted Contact Lens Practitioner with the Saskatchewan College of Opticians. For further information, on becoming registered as a Restricted Optician or Restricted Contact Lens Practitioner, please contact the College by email at office@scoptic.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 collegeofopticians.ca or contact the College by email at registration@collegeofopticians.ca

Candidates who will be **applying for registration in New Brunswick** must be registered as Apprentice, or if from QC, as a Pre-Candidate with the Opticians Association of New Brunswick (OANB). For further information on becoming registered as a Pre-Candidate contact the OANB at: nbgdo@nbnet.nb.ca

Submit your completed application form along with payment directly to the NACOR office.

Applications can be received by email, fax or regular mail (please note: registered mail will not be received):

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