



PLAR Application Package

Overview of PLAR process

Canadian and international applicants who have not graduated from a Canadian accredited program may be eligible to complete a Prior Learning Assessment and Learning Assessment (PLAR) to determine if they are eligible to sit the National Examination(s).

The purpose of PLAR is to determine if you have a combination of knowledge and skills equivalent to a recent graduate from a Canadian accredited program. NACOR administers PLAR on behalf of the provincial regulatory boards. After completing PLAR and passing the National Examination(s), you must register as an optician in the province you want to work in.

The PLAR process consists of:

- 1) Document review – See required list of documents at the end of the application form.
- 2) Complete Competency Gap Analysis (CGA) - If your documentation review is successful, you will be required to complete the CGA. The CGA is a multiple-choice assessment based on the National Competencies for Canadian Opticians. There are two CGA's, one for eyeglasses and one for contact lenses.

The number of questions and time limits for each CGA's are:

Eyeglasses CGA – Consists of two sections

Professional Practice – 120 questions/2-hour time limit

Eyeglasses and Low Vision – 165 questions/2.5-hour time limit

Contact lenses CGA – Consists of one section

Contact Lenses – 140 questions/2-hour time limit

If you are applying for eyeglasses and contact lenses you must complete both CGA's.

- 3) CGA results - The results from your CGA produce a computer-generated score card used to determine if there are any gaps in your knowledge and skills. If there are gaps bridging modules will be assigned for the gaps. You must complete any assigned bridging to be eligible to sit the National Examination(s). If there are no gaps in your skills and knowledge you will be eligible to sit the National Examination(s).
- 4) National Examination(s) – After completing PLAR you must pass the National Examination(s) before you can apply for a license in any province in Canada.
- 5) Register as an optician with the provincial regulatory board in your province.

A) Select a Registration Category:

- a. Eyeglasses
- b. Eyeglasses and Contact Lenses
- c. Contact Lenses (must be registered as an eyeglass dispensing optician in Canada)

What province are you applying for PLAR in: _____

Choose one of the following, I am applying for PLAR:

I am an internationally trained eyecare professional _____

I have Canadian work experience _____

B) Personal Information:

Full Name (First, Middle, Last) _____

Date of Birth (MM/DD/YYYY) _____

Home Address _____

City _____ Province _____ Country _____

Postal Code _____ E-mail _____

Daytime Phone Number: _____

C) PLAR Fees:

Fees:	Fee	Total Price with tax
Document Assessment	250.00	\$262.50
Competency Gap Analysis (For each area of practice assessed: eyeglasses, contact lenses)	350.00	\$367.50

D) Payment information

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 only \$630.00

Eyeglasses and contact lenses \$997.50

*Please note we do not accept American Express

E) Personal Affidavit

I authorize the National Alliance of Canadian Optician Regulators to share the personal information on this application form with any regulator of opticians in Canada.

I authorize any regulator of opticians in Canada to release my personal information to the National Alliance of Canadian Optician Regulators.

I do solemnly swear that I have completed the application form above to the best of my knowledge and believe the completed form is correct and true.

Signature _____

Date of application _____

Submit your completed application package by email to jdodds@nacor.ca

Questions: Send any questions regarding your application package to jdodds@nacor.ca or call 1-866-949-1950 Extension 1

Documentation required to be submitted for internationally trained eyecare professional applicants:

- a) Completed application form.
- b) Two passport photos – photos must have been taken in the past three years.
- c) Details of work experience - Information to be recorded on the attached **Dispensing Experience Form**
- d) Letters from employer(s) – The letters are to be from current and/or former employers to confirm your work experience.
- e) Transcripts of formal education - Include name and location of school, date of enrolment and graduation, grade achieved, and course outlines.

The following documents are optional, to be provided if you have them:

- f) Examinations – If you have successfully challenged a licensure/certification examination in another country, provide the date of examination and mark achieved.
- g) Registration or license certificate – If you are registered or licensed in your home country provide a copy of your license or certificate and a letter from your regulatory organization confirming your registration.
- h) ICES, IQAS or WES - If you have had your international credentials evaluated in Canada, provide the report
- i) Language proficiency – If you have completed an English as a Second Language (ESL) course provide the name of the course you completed, the level completed and a copy of any certificates you received.

Documentation required to be submitted for Canadian work experience applicants:

- a) Completed application form.
- b) Two passport photos – photos must have been taken in the past three years.
- c) Details of work experience – To be recorded on the attached **Dispensing Experience Form**

Dispensing Experience Form

Please complete one form for each place of employment.
Make copies of this form, as needed

FULL NAME OF APPLICANT	LAST NAME:	
	FIRST NAME:	
	MIDDLE NAME(S):	
RECORD OF ACTUAL DISPENSING EXPERIENCE (LAB HOURS ARE NOT ELIGIBLE)		
BUSINESS NAME:		SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS:		
CITY:		PROVINCE:
POSTAL CODE:		COUNTRY:
TELEPHONE # ()		E-MAIL:
FIRST DAY OF EMPLOYMENT (DD/MM/YY):		LAST DAY OF EMPLOYMENT (DD/MM/YY) (enter "N/A" if still employed):
HOURS PER WEEK DISPENSING (do not include hours that you are working in the lab, reception, frame stylist etc.):		TOTAL HOURS OF DISPENSING: (Number of weeks worked at this location x number of hours per week you are dispensing at this location)

d)
e)

DECLARATION OF SUPERVISOR (Please Print) I, _____, state that the above information is true to the best of my knowledge and belief and that _____ received the above actual dispensing hours during the specified period. Date: _____ Signature of Supervisor: _____	
---	--