

PLAR Application Package

Overview of PLAR process

Canadian and international applicants who have not graduated from a Canadian accredited program may be eligible 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 College of Opticians of British Columbia. After completing PLAR and passing the National Examination(s), you are eligible to register as an optician in British Columbia.

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 three CGA's, one for eyeglasses, one for contact lenses and one for refracting.

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.

Section 3 – Refracting certification

Refracting – 120 questions/2-hour time limit

- 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 British Columbia. Candidates completing PLAR for refracting are eligible to apply for a certificate in automated refraction when they apply for their license.
- 5) Register as an optician with the College of Opticians of British Columbia.

A) Registration Category

Select ONE option from the list below:

i. I want to register as a **DISPENSING OPTICIAN** ii. I want to register as a **DISPENSING OPTICIAN** AND **CONTACT LENS FITTER** iii. I want to register as a **DISPENSING OPTICIAN WITH A REFRACTING CERTIFICATION** I want to register as a **DISPENSING OPTICIAN AND CONTACT LENS FITTER** iv. WITH A REFRACTING CERTIFICATION I am ALREADY registered as a dispensing optician and want to become registered as a **CONTACT LENS FITTER** I am ALREADY registered as a dispensing optician (and/or contact lens fitter) and want vi. to add a **REFRACTING CERTIFICATE** 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:

	Fee	Total with tax
Document review	250.00	\$262.50
Competency Gap Analysis*	350.00	\$367.50

^{*} For each area of practice assessed: Dispensing Optician, Contact Lens Fitter, and/or Refracting Certification

erms of payment	t please check o	ne: Cheque payable to NACOR Visa Mastercard
Credit card numbe	er	
Expiry Date		CVV
Name of card hold	ler	
Signature of card I	holder	
I authorize the Na	tional Alliance o	f Canadian Optician Regulators (NACOR) to charge my credit card
in the amount of \$		
	Total owing	ation Category selected in section A) of this form.
Category	rotal owing	
i.	\$630.00	
ii.	\$997.50	
iii.	\$997.50	
iv.	\$1,365.00	
V.	\$630.00	
vi.	\$630.00	
ersonal Affidavit		
·	tional Alliance o	f Canadian Optician Regulators to share the personal information on this app
form with any regi		
	•	ans in Canada to release my personal information to the National Alliance of
Canadian Optician	,	• •
	ar that I have co	mpleted the application form above to the best of my knowledge and believ
I do solemnly swea		<u>م</u>
I do solemnly swea	correct and true	c.

Submit your completed application package by email to ${\bf jdodds@nacor.ca}$

Questions: Send any questions regarding your application package to idodds@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	LAST NAME:			
	FIRST NAME:			
APPLICANT	MIDDLE NAME(S):			
RECORD OF ACTUAL D	L DISPENSING EXPERIENCE (L	AB HOURS ARE NOT ELIGIBLE)		
BUSINESS NAME:		SELF-EMPLOYED? [] YES [] NO		
BUSINESS ADDRESS:				
CITY:		PROVINCE:		
		TROVINGE.		
İ				
POSTAL CODE:		COUNTRY:		
1				
1				
,				
TELEPHONE # ()		E-MAIL:		
FIRST DAY OF EMPLOY	MINIT	LAST DAY OF EMPLOYMENT (DD/MM/YY)		
(DD/MM/YY):	MENI	(enter "N/A" if still employed):		
,				
	ENSING (do not include hours lab, reception, frame stylist etc.):	TOTAL HOURS OF DISPENSING: (Number of weeks worked at this location x number of hours		
that you are working in the	au, reception, frame styffst 500.5.	per week you are dispensing at this location		
		1		
DECLARATION OF SUPERVISOR (Please Print)				
I,, state that the above information is true to the best of myknowledge				
and belief and that received the above actual dispensing hours during the				
specified period.				
Date:	Signature of Supervisor:			