



## **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 Saskatchewan College of Opticians (SCO). After completing PLAR and passing the National Examination(s), you are eligible to register as an optician in the Saskatchewan.

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 Saskatchewan.
- 5) Register as an optician with the Saskatchewan College of Opticians (SCO).

**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) ☐

**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:**

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

**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](mailto:jdodds@nacor.ca)**

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

**Documentation required to be submitted with application package:**

- 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.
- f) Proof of English language proficiency - Applicants whose first language is not English must demonstrate language proficiency in the English language by obtaining the minimum scores of the general International English Language Testing System (IELTS) or comparable test. Test results must be within the last two years.

Minimum scores accepted for general IELTS:

Speaking: 6; Listening: 7.5; Reading: 6; Writing: 6. The overall score minimum is 6.5.

- g) Letter of good standing – If you are registered or licensed in your home country, provide a letter from your regulatory organization confirming your registration and good standing. OR if no license or certificate of registration was required, a letter of good standing from your professional association.

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

- h) Examinations – If you have successfully challenged a licensure/certification examination in another country, provide the date of examination and mark achieved.
- i) ICES, IQAS or WES - If you have had your international credentials evaluated in Canada, provide the report

## **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):	
<b>RECORD OF ACTUAL DISPENSING EXPERIENCE (LAB HOURS ARE NOT ELIGIBLE)</b>		
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.):		<b>TOTAL HOURS OF DISPENSING: (Number of weeks worked at this location x number of hours per week you are dispensing at this location)</b>

a)  
b)

### 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: