

Prior Learning Assessment and Recognition (PLAR) Application Package

Overview

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 challenge the National Examinations.

The purpose of PLAR is to determine if a candidate has 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. Upon successful completion of PLAR, candidates become eligible to challenge the National Examinations for Canadian Opticians and register in the province they applied to work in.

The PLAR Process

1. Document Review

Review of the required documents submitted with the application form (see requirements below). If the document review is successful, the candidate will continue with the PLAR process. If the document review is unsuccessful, the candidate will be informed of alternative pathways to registration.

2. PLAR Professional Practice Bridging Modules

All PLAR candidates are required to complete a series of professional practice bridging modules (Legislation, Communication, Professionalism, and Infection Control). The bridging modules are self-study. Each bridging module contains an interactive portion and a theoretical portion. Candidates will work through both sections of the bridging modules at their own pace. Upon completion of each module, candidates will be required to successfully complete a post-test.

3. Competency Gap Analysis (CGA)

The CGAs are multiple-choice assessments based on the National Competencies for Canadian Opticians. There are two CGAs, one for dispensing eyeglasses and one for dispensing contact lenses.

- a. Eyeglasses and Low Vision: 150 questions (2.5-hour time limit)
- b. Contact Lens: 130 questions (2-hour time limit)

All PLAR candidates are required to complete the Eyeglasses and Low Vision CGA. Candidates who have applied for contact lenses will be required to complete the Contact Lens CGA as well.

4. CGA Results

The results from each CGA produce a computer-generated score card used to determine if there are any gaps in knowledge and skills. If gaps are identified, candidates will be required to complete additional bridging modules before proceeding. Upon completion of each assigned module, candidates will be required to successfully complete a post-test.

If no gaps are identified, candidates will be eligible to proceed immediately.

5. National Examinations

Apply for and complete the National Examinations for Canadian Opticians. There are two national examinations: one for dispensing eyeglasses and one for dispensing contact lenses.

6. Register

After successful completion of the National Examination(s), candidates become eligible to apply for registration to independently practice as an optician in the province they applied to work in.

Questions

Send questions about PLAR to jtherouzechel@nacor.ca or call 1-866-949-1950 ext. 2

PLAR Application Form

Registration Information

What province are you applying for PLAR in?

Please select one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Newfoundland and Labrador |
| <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Prince Edward Island | |

What Registration Category are you applying for?

Please select one of the following:

- EYEGLASSES
- EYEGLASSES AND CONTACT LENSES
- CONTACT LENSES (must be registered as an eyeglass dispensing optician in Canada)

Why are you applying for PLAR?

Please select one of the following:

- I am an internationally trained eyecare professional.
- I have significant work experience.*

*A minimum of 4 years of full-time work experience related to dispensing eyeglasses is required to apply for PLAR – Eyeglasses. An additional 2 years of full-time work experience related to dispensing contact lenses is required to apply for PLAR – Contact Lenses.

Personal Information

First Name: _____ Last Name: _____

Date of Birth (DD/MM/YYYY): _____

Street Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone Number: _____

PLAR Fees

Fee Category	Fee
Document Review	\$ 250.00 (plus applicable GST/HST)
Professional Practice Module Post-Tests*	\$ 500.00 (plus applicable GST/HST)
Competency Gap Analysis**	\$ 500.00 (plus applicable GST/HST)

* If a post-test is not passed, it can be taken more than once for a fee of \$100 (plus applicable GST/HST) for each additional attempt

** For each area of practice assessed: eyeglasses and/or contact lenses

Payment Information

Please select one of the following:

Visa Mastercard

Credit Card Number: _____

Expiry Date: _____ CVV: _____

Name of Cardholder: _____

Signature of Cardholder: _____

I authorize the National Alliance of Canadian Optician Regulators (NACOR) to charge my credit card the applicable amount in accordance with the PLAR fees and the registration category I have selected.

Personal Affidavit

I authorize the National Alliance of Canadian Optician Regulators to share the personal information on this application form, as well as any documents submitted as part of this application, 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.

Applicant Signature: _____

Date: _____

SUBMIT COMPLETED APPLICATION PACKAGE BY EMAIL: jtherouzechel@nacor.ca

Required Documentation – Internationally trained/educated

The following mandatory documents must be submitted for internationally trained/educated eyecare professional applicants.

- Completed application form
- Passport-sized photo (must have been taken within the past three years)
- Transcripts of formal education (including name and location of school, dates of enrolment and graduation, grades achieved, and course outlines)

The following optional documentation may be provided with your application if you have them.

- Examination results (if you have successfully challenged a licensure/certification examination in another country, provide the date of examination and mark achieved)
- Registration documents, license, or certification (if you are registered or licensed outside of Canada, provide a copy of your license or certificate and a letter from your regulatory organization confirming your registration)
- ICES, IQAU, or WES (if you have had your international credentials evaluated in Canada, provide the report)
- 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)

Required Documentation – Work experience

The following mandatory documents must be submitted for work experience applicants.

- Completed application form
- Passport-sized photo (must have been taken within the past three years)
- Details of work experience
 - See attached Dispensing Experience Form
 - Please submit at least one dispensing experience form for each area of practice (eyeglasses and contact lenses)
- Letter(s) of reference
 - From any current or former employer to verify your work experience.
 - Must include the dates of your employment and a general description of your duties and responsibilities during your employment.

Dispensing Experience Form

Please complete one form for each place of employment

FULL NAME OF APPLICANT	LAST NAME:
	FIRST NAME:
BUSINESS NAME:	
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):
TOTAL HOURS OF DISPENSING EYEGLASSES/CONTACT LENSES COMPLETED AT THIS LOCATION: _____ (Number of weeks worked at this location times the number of hours per week)	
Name of Supervisor: _____ Signature of Supervisor: _____	
I declare that the above-mentioned person worked under my supervision during the dates recorded above.	

*make copies of this form as needed