

The Saskatchewan Association of Optometrists

CANDIDATE FOR LICENSURE APPLICATION FORM

I hereby apply for consideration for licensure in Saskatchewan:

Full Name:	Citizenship:
Date of Birth:	Day Time Telephone:
Present Address:	Email Address:

A. Colleges, Institutes or Universities Attended (*attach transcripts of Undergraduate, photocopies acceptable*):

Name of School	Address	From:	to:
		Dates (<i>years attended</i>)	
Name of School	Address	From:	to:
		Dates (<i>years attended</i>)	

B. Optometric Education (*attach official transcripts and proof of graduation from Optometry School*):

Name of School	Degree Obtained	Year
Name of School	Degree Obtained	Year

C. Other Training (specify)

D. Attach official final transcript confirming you successfully passed all portions of the Canadian Assessment in Clinical Optometry (CACO).

E. Attach curriculum vitae from high school to present in particular, professional and community achievements, awards and merits received.

F. Attach a copy of certification of completion of CPR minimum level "B".

G. Attach a satisfactory criminal record check (*no earlier than 60 days prior to formal license application*).