

November 1, 2018

Dear SAO Member,

Saskatchewan Association of Optometrists (SAO) 2019 license renewals are **due by December 15, 2018** pursuant to *Section 21 of The Optometry Act*. The 2019 license fee of **\$3,195** is payable to the SAO.

Your license fee includes:

SAO *includes the FORAC & OEBC levies	\$2,180
Canadian Association of Optometrists (CAO)	\$ 415
CAO Public Education & Awareness	\$ 200
SAO Provincial Public Education & Awareness	<u>\$ 400</u>
	\$3,195

License renewals received after December 15, 2018 will be assessed a late penalty of an additional 20% of the SAO portion of the license fee (\$436). **Please submit your license and payment early to allow us the ability to process and mail your new license certificate(s) prior to January 1, 2019.**

A fine of \$225 will be levied if Continuing Education (CE) requirements are not met. Members have a maximum of 90 days to complete the CE shortfall before their license, at the discretion of the Registrar, can be revoked. CE hours, CPR and liability insurance particulars are listed on your individual member profile and should you find any discrepancies with these records please contact the SAO office. When submitting new CE hours, please indicate Therapeutic (TPA) or General Education (GE). **Please note the CE requirements are unchanged from (12.1) Compulsory Continuing Education bylaw:**

(12.1) Members will provide to the Registrar each year by December 15th written evidence of having completed a minimum of:

- (a) 30 hours of approved continuing education during the preceding three years if the member does not hold a Therapeutic Pharmaceutical Agents Certificate; or
- (b) 40 hours of approved continuing education during the preceding three years of which a minimum of 10 hours must be related to the use of therapeutic pharmaceutical agents if the member holds a Therapeutic Pharmaceutical Agents Certificate, provided however that:
 - (i) a member shall be exempt from completing such continuing education during the first three years following graduation in optometry from a school or university approved by Council. Members who qualify for this exemption shall be required to meet the same requirements as other members as per subsection (12.1)(b) starting on December 15th of their sixth year following graduation; and
 - (ii) Council at its discretion may exempt a member from completing such continuing education in any three year period.

Direct inquiries to Sheila Spence at the SAO office at ed@saosk.ca, 306.652.2069 or 1.877.660.3937. Licenses can be processed online by using the Members area of our website or submitted by mail to: Attention: Dr. Lee Kolbenson, Registrar, Saskatchewan Association of Optometrists, 102 – 202 Wellman Cres., Saskatoon, SK S7T 0J1.

Completion of the Individual Member Practice Survey 2018 is a **mandatory** portion of your license renewal. As well, **one** Economics Survey per office must be completed. Please watch your emails for the links to these surveys.

Information regarding charitable donations for the Canadian Optometric Education Trust Fund (COETF) has been included within your Member License Renewal package. You are welcome to donate directly to COETF online through this link <https://www.canadahelps.org/en/charities/canadian-optometric-education-trust-fund/> or fill out the hard copy form and send to COETF.

Respectfully,



Dr Lee Kolbenson, SAO Registrar
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To: The Registrar, Saskatchewan Association of Optometrists (SAO)

I, _____ Optometrist of _____ (town/city name) in the province of Saskatchewan, do hereby apply for a license to practice Optometry in this province during the year 2019 and make declaration that I have knowledge of the Bylaws and Code of Ethics of the Saskatchewan Association of Optometrists (SAO), to which articles I faithfully subscribe.

To comply with Bill C-28 and newly formulated regulations, I consent to the Saskatchewan Association of Optometrists (SAO) and the Canadian Association of Optometrists (CAO) and their affiliates to send electronic newsletters, registrations and member updates to my attention via my email address provided to the SAO.

(Check "X") _____ "Yes" I provide my consent
_____ "No" I do not provide my consent

I have an existing License # _____ and my email address is _____.

I will be practicing and require a professional license certificate in the following offices and locations:

Office Name _____ Location (Town/City Name) _____

Address _____ Postal Code _____

Website _____ Phone # _____ Fax # _____

Office Name _____ Location (Town/City Name) _____

Address _____ Postal Code _____

Website _____ Phone # _____ Fax # _____

Office Name _____ Location (Town/City Name) _____

Address _____ Postal Code _____

Website _____ Phone # _____ Fax # _____

Office Name _____ Location (Town/City Name) _____

Address _____ Postal Code _____

Website _____ Phone # _____ Fax # _____

Signature

Date

APPLICATION FORM FOR RENEWAL OF LICENSE

****Please note you must initial beside the statement that applies in #3, #5 and #10****

I, _____ of _____, Saskatchewan do solemnly declare:

1. That I have read and I am familiar with the contents of *The Optometry Act, 1985* and the bylaws of the Saskatchewan Association of Optometrists;
2. That I have carefully reviewed the bylaws of the Saskatchewan Association of Optometrists relating to conflicts of interest;
3. That during the 12 month period preceding this declaration I have not engaged in a conflict of interest as defined in the bylaws of the Saskatchewan Association of Optometrists;

- or -

3. That during the 12 month period preceding this declaration I have engaged in a conflict of interest as defined in the bylaws of the Saskatchewan Association of Optometrists and the full and complete details of such conflict or conflicts of interest are detailed in the statement attached to this declaration;
4. That I have carefully reviewed the bylaws of the Saskatchewan Association of Optometrists relating to Standards of Practice;
5. That to the best of my knowledge and belief I have followed the bylaws of the Saskatchewan Association of Optometrists relating to Standards of Practice;

- or -

5. That to the best of my knowledge and belief I have not followed the bylaws of the Saskatchewan Association of Optometrists relating to Standards of Practice and the full and complete details of any departures from the bylaws relating to Standards of Practice are detailed in the statement attached to this declaration;
6. Full details of my participation in Continuing Educational programs are detailed in the statement attached to this declaration;
7. During the 12 month period preceding this declaration I have practiced optometry at the following practice location or locations: _____

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8. That attached to this declaration is a description of the instruments located in the practice locations at which I have practiced optometry during the past 12 months;
9. I am insured under a policy of professional malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence;

Name of insurer: _____

Address of insurer: _____

Policy number: _____

-and-

I undertake that, while I remain licensed to practice optometry in Saskatchewan, I will continuously maintain professional malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence.

10. That I have engaged in the active practice of optometry by practicing Optometry for at least 750 hours during the preceding three years; - or -

10. That it has been fewer than three years since my graduation from a school or college of optometry;

- or -

10. That I have demonstrated my skill and knowledge through an assessment or examination in accordance with the bylaws of the Saskatchewan Association of Optometrists. The details are:

That I make this solemn declaration for the purpose of inducing the Saskatchewan Association of Optometrists to renew my license to practice optometry under ***The Optometry Act, 1985.***

I _____ (print full name) declare this _____ day of _____, 2018.

OD's Signature

