



Saskatchewan Association of Optometrists

Dr Leland Kolbenson, Registrar

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November 1, 2019

Dear SAO Member,

Saskatchewan Association of Optometrists (SAO) 2020 license renewals are **due by December 15, 2019** pursuant to *Section 21 of The Optometry Act*. The 2020 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
Canadian Healthy Eyes Campaign (CHEC)	\$ 200
SAO Provincial Public Education & Awareness	<u>\$ 400</u>
	\$3,195

License renewals received after December 15, 2019 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, 2020.**

Please note your 2020 license renewal still requires the existing CE outlined in [Standard of Practice SP-LR-4](#).

The New Standards of Practice Continuing Education LR-4a will go into effect January 1, 2020 for your 2021 license renewal and renewals going forward.

Direct inquiries to Sheila Spence at the SAO office at ed@saosk.ca, 306.652.2069. Licenses can be processed online or submitting a hard copy to: Dr. Lee Kolbenson, Registrar, Saskatchewan Association of Optometrists, 102 – 202 Wellman Cres., Saskatoon, SK S7T 0J1.

We have included a link to the Canadian Optometric Education Trust Fund (COETF) should you wish to make a donation online <https://www.canadahelps.org/en/charities/canadian-optometric-education-trust-fund/>

Respectfully,

A handwritten signature in black ink, appearing to read "L Kolbenson".

Dr Lee Kolbenson, SAO Registrar

Enc.

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 2020 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 #4, #5, #6, #7 and #8****

I, _____ of _____, Saskatchewan do solemnly declare:

1. That I have read and I am familiar with the contents of *The Optometry Act, 1985, the Optometrists Professional Bylaws,* and the Standards of Practice of the Saskatchewan Association of Optometrists;
2. Full details of my participation in Continuing Educational programs are detailed in the statement attached to this declaration.
3. I am insured, and will maintain coverage while I am licensed to practice optometry in Saskatchewan, an insurance policy of a minimum of two million dollars of professional malpractice insurance per occurrence:

Name of insurer: _____ Policy number: _____

- 4a. That during the 12-month period preceding this declaration I have not engaged in a conflict of interest as defined in the Optometrists Professional Bylaws of the Saskatchewan Association of Optometrists; - **OR** -
- 4b. That during the 12-month period preceding this declaration I have engaged in a conflict of interest as defined in the Optometrists Professional 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.

- 5a. That to the best of my knowledge and belief I have followed the Saskatchewan Association of Optometrists Standards of Practice; - **OR** -
- 5b. 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.

- 6a. During the past year, I have not pleaded guilty and have not been arrested or charged with a criminal offense, in Canada or elsewhere (criminal offenses do not include traffic violations or parking infractions, but does include drinking and driving violations and possession of illegal drugs); - **OR** -
- 6b. During the past year, I have pleaded guilty, been arrested or charged with a criminal offense, in Canada or elsewhere (criminal offenses do not include traffic violations or parking infractions, but does include drinking and driving violations and possession of illegal drugs), full and complete details are attached to this declaration.

- 7a. That I have engaged in the active practice of optometry by practicing Optometry for at least 750 hours during the preceding three years; - **OR** -
- 7b. That it has been fewer than three years since my graduation from a school or college of optometry; - **OR** -
- 7c. 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 attached to this declaration.

- 8a. I declare I hold a current Cardiopulmonary Resuscitation Certification (CPR) at a level of B or higher - **OR** -
- 8b. I do not hold a current Cardiopulmonary Resuscitation Certification (CPR) at a level of B or higher.

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 _____, 2019.

_____ (OD's Signature)

Continuing Education Hours

Please **attach** your 2019 Continuing Education Hours, *indicating TPA or General hours*, confirmation of attendance and COPE #'s. Courses outside the SAO Continuing Education Program, another Canadian Optometric Association or are otherwise not COPE approved, do not qualify for credit. If you are uncertain of its designation please include appropriate support material for the Registrar's review.

Annual General Meeting Booklets will be posted on the SAO Member Website. Hard copies will be provided to those members who request a hard copy. *Yes, please send me a hard copy of the 2020 AGM Booklet*