



NAIT Optical Sciences Eyeglasses Year One Application Package

Important Information

After you apply to the Optical Sciences Eyeglasses Program via the Alberta Post-Secondary Application System (APAS), **complete ALL PAGES** of this application package and **upload Pages 2 through 6** to the MyNAIT Student Portal by the deadline indicated on the checklist. **This application checklist item will be considered incomplete until such time as Pages 2-6 are completed AND uploaded.**

Should any of your information change at any point, you must notify the Optical Sciences Program Office **and** upload new document(s) as soon as possible.

Applicants who receive Conditional Acceptance into the fall intake of this program must upload an updated Contract of Practicum form between June 1st and the fall term tuition payment deadline. Applicants who receive Conditional Acceptance into the winter intake must upload an updated Contract of Practicum form between October 1st and the winter term tuition payment deadline. **If the applicant fails to submit an updated Contract of Practicum form within this time period, their application will be cancelled for failing to meet conditions - no exceptions.**

Textbook and Supply List

- 1) Brooks, C. W., and Borish, I. (2023) *System for Ophthalmic Dispensing* (4th ed.) ISBN: 9780128239261
- 2) Sharp EL531 Calculator (**Note:** The letters behind the calculator model may differ among retailers, but the basic functions and calculator remain the same)

It is the student's responsibility to order the textbook and calculator. Tuition does not include the cost of the textbook and calculator. The textbook and calculator are available for purchase at *shop AT NAIT* on the Main Campus in Edmonton or online at <https://shop.nait.ca>.

It is the student's responsibility to have a computer/device that is compatible with LockDown Browser and Respondus Monitor.

Tuition and Student Fees

Please refer to the NAIT website for tuition costs, student fees, and tuition payment deadlines.

Optical Sciences Program Office Contact Information

Email: optical@nait.ca

Phone: 780-378-2800 (Toll Free 1-888-491-3130)

Fax: 780-471-8377



NAIT Optical Sciences Eyeglasses Year One

Personal Information

Legal Last Name _____ NAIT ID _____
Legal First Name _____ Email _____
Preferred First Name _____ **Note:** Email is our primary method of contact
Preferred Pronoun ☐ She/Her ☐ He/Him ☐ They/Them

Select Courses

Note: If this is your first time applying to this program, check off all 8 boxes

Semester One

OPSC1111 - Communication
OPEG1112 - Frames
OPEG1211 - Instruments and Measurements
OPEG1191 - Clinical I: Eyeglasses

Semester Two

OPSC1113 - Foundational Optics
OPEG1114 - Ophthalmic Prescriptions and Lens Design
OPEG2115 - Selecting and Troubleshooting Lenses and Frames
OPEG2192 - Clinical II: Eyeglasses

Preferred Lab Location

☐ Edmonton ☐ Calgary ☐ Distance

Distance Status

Note: You are eligible for Distance Status if you reside more than 175 km from our campuses in either Edmonton or Calgary. If you select Distance Status but do not meet this criteria, your request will be denied.

Declaration:

I hereby declare that the information provided in the foregoing application is complete and true in all respects, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effects as if made under oath by virtue of the Canadian Evidence Act.

Declarant's (Student) Signature

Date



NAIT Optical Sciences Contract of Practicum

This Agreement, dated the _____ day of _____, 20____
Between: _____ (hereinafter called the "Supervisor")
And _____ (hereinafter called the "Student")
And The Northern Alberta Institute of Technology (hereinafter called "NAIT")

The purpose of this Agreement is to define the roles and responsibilities of each of the parties in relation to the practicum component of the Program of Study ("Program") in which the Student is enrolled, at NAIT.

The student is enrolled in the Eyeglasses Program

The Parties hereto agree that:

1. The Supervisor agrees to accept and train the Student in all areas of the profession so far as the Supervisor's facilities and availability of work permits. The Supervisor further agrees to provide to NAIT such information regarding the Student in relation to the Student's progress in the practicum experience, as may be requested from time to time by NAIT.
2. The Supervisor agrees to accept responsibility for all acts of the Student while registered under his/her/their supervision, including consumer complaints, unskilled practice or professional misconduct.
3. The Student of his/her/their own free will agrees to work with and be trained in the profession by the Supervisor for the term approved by NAIT. The Student further agrees to provide NAIT with such information regarding the practicum experience as requested from time to time, and further, the Student hereby consents to the sharing of his/her/their personal information (including attendance, work experience, behaviour, attitude, employment details and other matters impacting the Student's training and work experience), among the Supervisor and NAIT, for purposes of evaluation of his/her/their practicum experience, and this consent constitutes a consent to disclose personal information, pursuant to section 40(1)(d) of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c. F-25.
4. The Supervisor and the Student agree that the Student shall be employed either full time or part time for purposes of accumulating a portion or all of the required hours of work practicum over the period while the student is enrolled in this program.
5. All of the parties agree that the Student will be under direct supervision of the Supervisor and further that the Supervisor will:
 - a) be directly and personally involved in the work of the Student;
 - b) document only work hours where direct supervision is present;
 - c) display his/her/their certificate of registration on the training premises where the Student is employed; and
 - d) be responsible for the work of the Student at all times.
6. All parties are further agreed that they shall be subject to and shall abide by the provisions of the Act, Regulations, Standards of Practice, and Bylaws of the College of Opticians of Alberta (COA) as they apply to eyeglass dispensing.
7. It is the responsibility of the Student to update records with NAIT **within fourteen (14) days** upon changes of any details of this Agreement (with regards to changes of name, address, supervisor or employment).
8. It is the responsibility of the Supervisor to advise NAIT **within fourteen (14) days** of the termination of employment of the Student.
9. Student and Supervisor both agree to cooperate fully with a visit and/or phone call from a clinical supervisor.
10. The parties hereto agree that this Agreement shall not be nor shall it be deemed to be a contract of employment between the Supervisor and the Student and this Agreement may be terminated by either Supervisor or Student forthwith without prior notice to the other.
11. Subject to paragraph 10, this Agreement shall be effective for (a) the period that the Student is under supervision of the Supervisor for completion of 1,000 hours of work experience or (b) one (1) year, whichever shall first occur.

PRACTICUM SUPERVISION (all fields required):

Occupation of Supervisor: Optician _____ Optometrist _____ Ophthalmologist _____

Supervisor's Name: _____ License Number: _____

Company Name: _____ Telephone: () _____

Address: _____ Supervisor's Email: _____

City: _____ Province: _____ Postal Code: _____

IN WITNESS WHEREOF the contracting parties hereto have hereunder set their hand the day and year aforesaid.

Supervisor's Signature

Witness's Signature

Per: Northern Alberta Institute

of Technology

Student's Signature

Witness's Signature

Overview of Clinical Placement Site

Name of dispensary and location:

Person responsible for overseeing the student experience at the site: **Primary Preceptor**

Please fill out the attached form with the following information for each facility you work at.

- Column 2: Number of clinical hours per term (all components should add up to 500 hours).
- Column 3: Estimated number of student opticians in the dispensary for each component.
- Column 4: Check off the boxes on the equipment list to ensure that you have all the required equipment for the student to learn the competencies for each component.
- Column 5: the approx. number of patients the student sees per term for each category.

Clinical program components provided (department, clinical or speciality area etc.)	Duration of student placement within dispensary for clinical program component	Maximum number of students per dispensary at any one time, as applicable	Key equipment available for practice and attainment of competencies	Total term case/call volume by type per student during the term
Optical dispensary	Clinical Practicum Hours Total Hours: _____h		Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Advising and fitting /ordering of single vision eyeglasses Approx. _#____ _____
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Advising and fitting / ordering of eyeglasses for presbyopia Approx. _#____ _____
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Advising, adjusting and dispensing of single vision eyeglasses Approx. _#____ _____

Clinical program components provided (department, clinical or speciality area etc.)	Duration of student placement within dispensary for clinical program component	Maximum number of students per dispensary at any one time, as applicable	Key equipment available for practice and attainment of competencies	Total term case/call volume by type per student during the term
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Advising, adjusting and dispensing of eyeglasses for presbyopia Approx. _#____ _____
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Adjusting and repairing of single vision eyeglasses Approx. _#____ _____
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Adjustment and repairing of eyeglasses for presbyopia Approx. _#____ _____
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Problem solving and resolving challenges for patients wearing single vision eyeglasses Approx. _#____ _____

Clinical program components provided (department, clinical or speciality area etc.)	Duration of student placement within dispensary for clinical program component	Maximum number of students per dispensary at any one time, as applicable	Key equipment available for practice and attainment of competencies	Total term case/call volume by type per student during the term
Optical dispensary			Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <input type="checkbox"/> frame adjustment pliers <input type="checkbox"/> PD ruler <input type="checkbox"/> Lensometer <input type="checkbox"/> lens clock <input type="checkbox"/> visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Thickness calipers <input type="checkbox"/>	Problem solving and resolving challenges for patients wearing eyeglasses for presbyopia Approx. _#____ _____

Safe work and learning environment checklist

	Yes	No
Chemical Hazards		
Chemical Hazards on premises have been identified to student		
Personal Protective Equipment is available and used by student for chemical hazards as required for specific chemical.		
Material Safety Data Sheets are available on premises for all chemical hazards and student has been shown their location		
General Hazards		
Premises have been screened for electrocution hazards		
Premises have adequate smoke alarms		
Premises have current dated fire extinguishers		
Emergency exits are unobstructed		
The student has received safety instructions on operation of all potentially hazardous equipment on premises		
Harassment		
The student and preceptor are aware of the NAIT Respectful Workplace Policy and Procedure documents (as per student and preceptor clinical guides)		

Date: _____

Preceptor Signature _____ Student Signature _____