



## NAIT Optical Sciences Eyeglasses Year One Application Package

### Important Information

After you apply to the Optical Sciences Eyeglasses Program via [AlbertaAlberta](#), **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 1<sup>st</sup> 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 1<sup>st</sup> 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* (4<sup>th</sup> 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](mailto: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 \_\_\_\_\_

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
of Technology

# Clinical Facility Form - Overview of Clinical Placement Site

## Eyeglasses Program

To ensure that students are exposed to a safe and productive learning environment, this form (3 pages) must be completed prior to each semester/term. Please complete **ALL** fields.

Name of dispensary: \_\_\_\_\_

Location of dispensary (address): \_\_\_\_\_

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

The primary preceptor must fill out this form with the following information:

- number of student opticians working in the dispensary
- check off the equipment on the list to ensure you have all the required equipment for the student to learn the required competencies and complete the clinical
- the approximate number of patients **the student** will see per semester/term for each category

**Important:** each row under 'Total term case/call volume by category...' contains a different category of eyeglasses. Please ensure you enter an estimate on the line provided in each row.

Clinical program components provided (department, clinical or speciality area etc.)	Duration of student placement within dispensary for clinical program component	Maximum # of students per dispensary at any one time, as applicable	Key equipment available for practice and attainment of competencies (confirm by checking boxes below)	Total term case/call volume by category per student during the semester
Optical dispensary	Total clinical (practicum) hours per semester/term:  <b>500 hours</b>	# _____	<input type="checkbox"/> Eyeglasses cleaning supplies <input type="checkbox"/> Access to sink for handwashing <input type="checkbox"/> Frame heater <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	<b>Single Vision Orders</b>  Advising and fitting /ordering of single vision eyeglasses  Approx. # _____
Optical dispensary				<b>Bi-, tri- and multifocal orders</b>  Advising and fitting / ordering of eyeglasses for presbyopia  Approx.# _____
Optical dispensary				<b>Single Vision Adjustments</b>  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 # of students per dispensary at any one time, as applicable	Key equipment available for practice and attainment of competencies (confirm by checking boxes below)	Total term case/call volume by category per student during the semester
Optical dispensary				<b>Bi-, tri- and Multifocal Adjustments</b>  Advising, adjusting, and dispensing of eyeglasses for presbyopia  Approx.#_____
Optical dispensary				<b>Single Vision Repairs</b>  Adjusting and repairing of single vision eyeglasses  Approx.#_____
Optical dispensary				<b>Bi-, tri- and Multifocal Repairs</b>  Adjustment and repairing of eyeglasses for presbyopia  Approx.#_____
Optical dispensary				<b>Single Vision Problem Solving</b>  Problem solving and resolving challenges for patients wearing single vision eyeglasses  Approx.#_____
Optical dispensary				<b>Bi-, tri- and Multifocal Problem Solving</b>  Problem solving and resolving challenges for patients wearing eyeglasses for presbyopia  Approx.#_____

## Safe work and learning environment checklist

<b>Chemical Hazards</b>	<b>Yes</b>	<b>No</b>
Chemical Hazards on premises have been identified to student		
Personal Protective Equipment is available and used by the 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		
<b>General Hazards</b>		
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 the operation of all potentially hazardous equipment on premises		
Premises have a first aid kit, and the student has been shown how and where to access it		
<b>Harassment</b>		
The student and preceptor are aware of the NAIT Respectful Workplace Policy and Procedure documents (as per student and preceptor clinical guides)		

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Preceptor Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name (print)

Date:\_\_\_\_\_