



NAIT Optical Sciences Contact Lens Application Package

Important Information

After you apply to the Optical Sciences Contact Lens Program via the Alberta Post-Secondary Application System (APAS), **complete ALL PAGES** of this application package and **upload Pages 2 through 5** 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 2-5 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. **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.**

Required Textbook and Supply List

- 1) Efron, N. (2023) *Contact Lens Practice* (4th ed.) ISBN: 9780702084270
- 2) Gasson, A., and Morris, J. A. (2010) *The Contact Lens Manual: A Practical Guide to Fitting* (4th ed.) ISBN: 9780750675901
- 3) Stein, H. A., Stein, R. M., and Freeman, M. I. (2022) *The Ophthalmic Assistant: A Text for Allied and Associated Personnel* (11th ed.) ISBN: 9780323757546
- 4) Sharp EL531 Calculator (**Note:** The letters behind the calculator model may differ among retailers, but the basic functions and calculator remain the same)
- 5) RGP Fitting Kit – Available from [Viscon](#) or supplier of student's choice

It is the student's responsibility to order the textbooks and calculator. Tuition does not include the cost of the textbooks and supplies. The textbooks 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 Contact Lens Program

Personal Information

Legal Last Name _____ NAIT ID _____

Legal First Name _____ Email _____

Preferred First Name _____

Preferred Pronoun She/Her He/Him They/Them

Note: Email is our primary method of contact

Select Courses

Note: If this is your first time applying to this program, check off all 10 boxes

Semester One

- Introduction to Contact Lenses (OPCL2111)
- Contact Lens Eye Health (OPCL2112)
- Introduction to Contact Lens Fitting (OPCL2113)
- Contact Lens Assessment and Care (OPCL2114)
- Clinical I: Contact Lenses (OPCL2191)

Semester Two

- Advanced Soft Contact Lens Fitting (OPCL3210)
- Contact Lens Optics and Rigid Contact Lens Fitting (OPCL3211)
- Specialty Contact Lenses (OPCL3212)
- Contact Lens Administrative Practices (OPCL3213)
- Clinical II: Contact Lens (OPCL3292)

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 "Preceptor")

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 Contact Lens Program

The Parties hereto agree that:

1. The Preceptor agrees to accept and train the Student in all areas of the profession so far as the Preceptor's facilities and availability of work permits. The Preceptor 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 Preceptor agrees to accept responsibility for all acts of the Student while registered under their supervision, including consumer complaints, unskilled practice or professional misconduct.
3. The Student of their own free will agrees to work with and be trained in the profession by the Preceptor 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 their personal information (including attendance, work experience, behaviour, attitude, employment details and other matters impacting the Student's training and work experience), among the Preceptor and NAIT, for purposes of evaluation of 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 Preceptor 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. A minimum 250 hours of direct Preceptor supervision per semester will be offered to the Student.
5. All of the parties agree that the Student will be under direct supervision of the Preceptor and further that the Preceptor will:
 - a) be directly and personally involved in the work of the Student;
 - b) document only work hours where direct Preceptor supervision is present;
 - c) display 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 contact lens dispensing.
7. It is the responsibility of the Student to update records with NAIT **within 14 calendar days** upon changes of any details of this Agreement (with regards to changes of name, address, preceptor, or employment).
8. It is the responsibility of the Preceptor to advise NAIT **within 14 calendar days** of the termination of employment of the Student.
9. Student and Preceptor both agree to cooperate fully with a visit and/or phone call from a clinical field 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 Preceptor and the Student and this Agreement may be terminated by either Preceptor 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 Preceptor for completion of 500 hours of work experience or (b) one (1) year, whichever shall first occur.

PRACTICUM SUPERVISION (all fields required):

Occupation of Preceptor: Contact Lens Optician _____ Optometrist _____

Preceptor's Name: _____ License Number: _____

Company Name: _____ Telephone: () _____

Address: _____ Preceptor's Email: _____

City: _____ Province: _____ Postal Code: _____

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

Preceptor's Signature Witness's Signature Per: Northern Alberta Institute

Student's Signature Witness's Signature of Technology

Contact Lens Program Clinical Facility Form - Overview of Clinical Placement Site

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

Dispensary name: _____

Dispensary address: _____

The primary preceptor responsible for overseeing the student experience at the site 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**. Please enter an estimate on the line provided in **each row**.

Department or area within facility	Duration of student placement within dispensary for clinical component	Maximum # of students per dispensary at any one time	Key equipment available for practice and attainment of clinical competencies (confirm by checking boxes below)	Total term case/call volume by category per student during the semester/term
<input type="checkbox"/> Exam room <input type="checkbox"/> Contact lens clinic <input type="checkbox"/> Dispensary area <input type="checkbox"/> Eyewear lab <input type="checkbox"/> Office/admin area	Total clinical (practicum) hours per semester/term: 250 hours	# _____	<input type="checkbox"/> Cleaning supplies to sanitize equipment <input type="checkbox"/> Sink for handwashing <input type="checkbox"/> Keratometer <input type="checkbox"/> Slit-lamp <input type="checkbox"/> Visual acuity chart for distance <input type="checkbox"/> Visual acuity chart for near <input type="checkbox"/> Fluorescein dye <input type="checkbox"/> Patient mirror for insertion and removal	Pre-fit Evaluation Approximate # _____
<input type="checkbox"/> Exam room <input type="checkbox"/> Contact lens clinic <input type="checkbox"/> Dispensary area <input type="checkbox"/> Eyewear lab <input type="checkbox"/> Office/admin area				Fitting and Initial Fit Evaluation Approximate # _____
<input type="checkbox"/> Exam room <input type="checkbox"/> Contact lens clinic <input type="checkbox"/> Dispensary area <input type="checkbox"/> Eyewear lab <input type="checkbox"/> Office/admin area				Dispensing Contact Lens and Evaluation Approximate # _____
<input type="checkbox"/> Exam room <input type="checkbox"/> Contact lens clinic <input type="checkbox"/> Dispensary area <input type="checkbox"/> Eyewear lab <input type="checkbox"/> Office/admin area				Training New Contact Lens Wearer Approximate # _____

Continued on next page...

<input type="checkbox"/> Exam room <input type="checkbox"/> Contact lens clinic <input type="checkbox"/> Dispensary area <input type="checkbox"/> Eyewear lab <input type="checkbox"/> Office/admin area		Follow-up Evaluation Approximate # _____
<input type="checkbox"/> Exam room <input type="checkbox"/> Contact lens clinic <input type="checkbox"/> Dispensary area <input type="checkbox"/> Eyewear lab <input type="checkbox"/> Office/admin area		Problem Solving and Resolving Challenges for Patients Wearing Contact Lenses Approximate # _____

Safe Work and Learning Environment Checklist

	Yes	No
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.		
Premises has been screened for electrocution hazards.		
Premises has adequate smoke alarms.		
Premises has 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 has a first aid kit, and the student has been shown how and where to access it.		
The student and preceptor are aware of the NAIT Respectful Workplace Policy and Procedure documents (as per the Student and Preceptor Clinical Guides).		

Preceptor's Signature	Preceptor's Name (Printed)	Date
Student's Signature	Student's Name (Printed)	Date