



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 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. **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 _____ **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 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

Contact Lens Optics and Rigid Contact Lens Fitting (OPCL3211)
Advanced Soft Contact Lens Fitting (OPCL3210)
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 "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 Contact Lens 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 contact lens 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 500 hours of work experience or (b) one (1) year, whichever shall first occur.

PRACTICUM SUPERVISION (all fields required):

Occupation of Supervisor: Contact Lens 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 – Contact Lens

This form must be completed prior to each term/semester of the Contact Lens Program. The intent of this form is to ensure students are exposed to a safe and productive learning environment.

Name of dispensary and location: _____

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

Primary Preceptor must fill out this form with the following information:

- the approximate number of clinical hours the student will obtain per term/semester
- number of student opticians 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/complete the clinical
- the approximate number of patients **the student** will see per term/semester for each type

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 type per student during the semester
Contact Lens Exam Room	Contact Lens Clinical Practicum Hours Total Hours: _____h	# _____	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 <input type="checkbox"/>	Prefit evaluation Approx.# _____
Contact Lens Exam Room				Fitting and initial fit evaluation Approx.# _____
Contact Lens Exam Room				Dispensing contact lens and evaluation Approx.# _____
Contact Lens Exam Room				Training new contact lens wearer Aprox.# _____

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 type per student during the semester
Contact Lens Exam Room				Follow-up evaluation Aprox. _#_____
Contact Lens Exam Room				Problem solving and resolving challenges for patients wearing contact lenses Aprox. _#_____

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 _____

Preceptor Name (print) _____

Student Name (print) _____