



## NAIT Optical Sciences Program OPSC615 - Eye Health and Screening Course Application Form

### How to Apply

Please complete the Eye Health and Screening Course (OPSC615) Application Form on Page 2 of this document and fax it to the Optical Sciences Program Office (not the Registrar's Office) at 780-471-8377. Alternatively, you may scan and email it to [optical@nait.ca](mailto:optical@nait.ca).

Please note, students do not self-enroll into this course online. The Program Office will enroll you into the course once your application is processed. You will receive an email confirming your registration.

### Tuition Cost and Payment Options

The tuition cost for OPSC615 is \$500.00 (excluding the required textbook).

**NOTE: 10% of your tuition total will be due within 24 hours of registration. Your full tuition payment is due 30 calendar days before the course start date. If you register within 30 calendar days of the course start date, then your full tuition payment will be due within 24 hours of registration.**

The methods of payment that NAIT will accept are posted on the website: <https://www.nait.ca/nait/admissions/financial-planning/tuition-and-fees/payment-options>.

### Required Textbook

Stein, H. A., Stein, R. M., and Freeman, M. I. (2022) *The Ophthalmic Assistant: A Text for Allied and Associated Ophthalmic Personnel* (11<sup>th</sup> ed.) ISBN: 9780323757546

It is the student's responsibility to order the textbook. The textbook is available for purchase at shop AT NAIT online at <https://shop.nait.ca>.

### Questions?

Contact the Program Office by emailing [optical@nait.ca](mailto:optical@nait.ca) or calling 780-378-2800 (Toll Free 1-888-491-3130).

Program Office hours of operation: Monday to Friday 7:30 AM to 3:30 PM (MT), excluding stat holidays.



## OPSC615 Eye Health and Screening Course Application Form

### Personal Information:

Previous NAIT Student ☐ Yes ☐ No NAIT ID # \_\_\_\_\_

Legal First Name _____	Middle Name _____
Legal Last Name _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another <input type="checkbox"/> Prefer to not say
Previous Legal Last Name _____	Date of Birth (mm/dd/year) _____
Home Address _____	City _____
Province _____	Postal Code _____
Home Phone # _____	Business Phone # _____
Cell Phone # _____	Email Address _____

### Citizenship Status:

Canadian Citizen      Permanent Resident      Country of Citizenship  
(if Permanent Resident of Canada) \_\_\_\_\_

### Prerequisites (both are required):

Licensed Optician: License # \_\_\_\_\_

Letter of Good Standing from Provincial Regulatory Body

**Note:** It is the student's responsibility to request this letter

### Indicate Start Date (select one):

March 1<sup>st</sup> intake      April 1<sup>st</sup> intake      May 1<sup>st</sup> intake      June 1<sup>st</sup> intake

### 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 \_\_\_\_\_

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

\_\_\_\_\_  
Witness's Name (printed)