



## NAIT Optical Sciences Application Form Ophthalmic Review Courses

### 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 # _____	E-mail Address _____
Citizenship Status: <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Study Permit (Student Visa)	

### Prerequisite:

☐ Licensed Optician: License # \_\_\_\_\_ ☐ Student Optician

- |                                                                                        |                                                                                |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Anatomy and Pathology (OPSC601)                               | <input type="checkbox"/> Preliminary Examination and Pharmacology (OPSC608)    |
| <input type="checkbox"/> Frames and Frame Measurement (OPSC602)                        | <input type="checkbox"/> Soft Contact Lens Fitting and Optics (OPSC609)        |
| <input type="checkbox"/> Lenses, Instruments and Tools (OPSC603)                       | <input type="checkbox"/> Gas Permeable Lens Optics, Design & Fitting (OPSC610) |
| <input type="checkbox"/> Optics and Advanced Optics (OPSC604)                          | <input type="checkbox"/> Introduction to Business Management I (OPSC611)       |
| <input type="checkbox"/> Analysis and Interpretation (OPSC605)                         | <input type="checkbox"/> Introduction to Business Management II (OPSC612)      |
| <input type="checkbox"/> Anatomy, Physiology & Ocular Pathology (OPSC606)              | <input type="checkbox"/> Ophthalmic Review Eyeglasses Practicum (OPSC693)      |
| <input type="checkbox"/> Biomicroscopy, Keratometry & Verification Equipment (OPSC607) | <input type="checkbox"/> Ophthalmic Review Contact Lens Practicum (OPSC694)    |

Please indicate start date \_\_\_\_\_

Please include full payment by cheque or credit card. Fees for each course are \$335.00.

### 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.

Date \_\_\_\_\_

Declarant's (Student) Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Name (printed) \_\_\_\_\_

**Contact Information:** Phone: 780.378.2800 or 1.888.491.3130 Fax: 780.471.8377 Email: optical@nait.ca

### Payment Options:

You will receive an email when your application has been processed. Full payment will be due immediately. You may pay with Interac Online or a credit card online through the MyNAIT Portal. Instructions to do so will be included in the email you receive. Please note, a 1.75% non-refundable convenience fee will be added to all credit card payments. Other methods of payment that NAIT will accept are posted on the [NAIT website](#).

You may pay with a cheque if you attach one to this application. Please ensure that the cheque is made payable to NAIT and is for the correct amount. Post-dated cheques are not accepted.

NAIT must receive your payment within 48 hours of registration; otherwise, you will be dropped from the course - **no exceptions**.



# Consent for Release of Information

I, , authorize NAIT to release to my referring  
(Please print)  
provincial regulatory body or agency,   
(Please print name of regulatory body or college)  
information pertaining to my attendance as an Optical Sciences student; including the course  
number and course name which I am currently enrolled in or have completed to date. This will  
not include any personal contact information.

I voluntarily request and give my consent to the disclosure of the specified information. I am  
aware that I may revoke my consent at any time by doing so in writing.

I understand the information may be provided verbally, by computer data transfer, e-mail,  
mail, fax or hand delivered.

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Signature

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Date

The information on this form is being collected under the general authority of the Freedom of Information and Protection of Privacy Act (FOIPPA), Section 33 (c), applicable federal and provincial employment regulations and requirements and NAIT's employment policies and applicable collective agreements.

Should you have any questions about this collection of personal information, call NAIT Human Resources at 780-471-7466.