



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.

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. (2017) *The Ophthalmic Assistant: A Text for Allied and Associated Ophthalmic Personnel* (10th ed.) ISBN: 9780323394772

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>. Phone: 780-471-7717 (Toll Free 1-877-333-6248) Email: shop@nait.ca

Questions?

Contact the Program Office by emailing 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 ☐ Female ☐ Male ☐ Another ☐ 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

International Student (must reside in 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 1st intake

April 1st intake

May 1st intake

June 1st 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)