



STUDENT APPLICATION FOR LICENSE OR REGISTRATION

Please write clearly and legibly. If there is insufficient space, please provide additional information as an attachment.

NOTE: STUDENT APPLICATIONS MUST INCLUDE A SEPARATE SPONSORSHIP AGREEMENT.

APPLICANT INFORMATION

APPLYING FOR A LICENSE OR REGISTRATON AS (PLEASE CHECK ✓)

- | | |
|--|--|
| <input type="checkbox"/> Dispensing Optician, Student | <input type="checkbox"/> Contact Lens Fitter, Student |
| <input type="checkbox"/> Dispensing Optician Student License Renewal | <input type="checkbox"/> Contact Lens Fitter Student License Renewal |

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email _____

EMPLOYMENT

Company: _____

Address: _____
Street Address Unit #

_____ *City Province Postal Code*

Phone: _____ Email _____

Student Application for License or Registration Continued:

1. Have you ever had any license or registration of any kind refused, suspended, or revoked.

Yes

No

If yes, please provide full details:

2. Have you ever been convicted of any offence under any law of any Country, State or Province for which you have not been pardoned or disciplined by any professional, occupational association or society?

Yes

No

If yes, please provide full details:

Student Application for License or Registration Continued:

3. If you are a Licensed Dispensing Optician, do you have or are you covered under your place of Business, Liability Insurance coverage, in the amount of one million dollars, as set by resolution, by the Nova Scotia College of Dispensing Opticians, for the full term of this renewal?

Yes

No

Name of Provider

Please provide a copy of your policy.

DECLARATION

DECLARATION – I certify that the statements made on this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration, which may be granted. I hereby authorize the Nova Scotia College of Dispensing Opticians to verify with the appropriate sources any information given or supplied as part of this application.

Signature: _____ Date: _____

CERTIFICATE OF EMPLOYER

I _____ hereby certify that the information provided by
_____ in this application is to the best of my knowledge.

By: _____ Date: _____
Authorized Signature

Title: _____

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