



NAIT Optical Sciences Program Refraction Courses Application Package

Print

How to Apply

- 1) Contact your Provincial Regulatory Body to request a Letter of Good Standing. You must include this document with your application for Refraction course(s).
- 2) Complete the Refraction Courses Application Form on Page 2 and fax it to the Optical Sciences Program Office at 780-471-8377, along with your Letter of Good Standing. Alternatively, you may scan and email your complete application to optical@nait.ca. **Note:** If you are applying for the Refraction Clinical course (OPSC695), then you must include a completed **Refraction Clinical Agreement** form (see Page 3).
- 3) The Program Office will enroll you into the course(s) once your application is processed. You will receive an email confirming your registration.

Tuition Cost and Payment Options

The tuition cost for the Refraction course (OPSC617) is \$1,250.00, excluding the required textbook and supplies.

The tuition cost for the Refraction Clinical course (OPSC695) is \$250.00, excluding the required supplies.

The method of payment for these courses is Credit Cards (Mastercard & Visa). Payments can be made through your student portal.

OPSC617 Required Textbook

- Elliott, D. B. (2020) *Clinical Procedures in Primary Eye Care* (5th ed.) ISBN:

9780702077890 **OPSC617 and OPSC695 Required Supplies**

- Retinoscope
- Trial lens kit
- Bernell schematic eye (minimum one; two is preferred)
- Phoropter

It is the student's responsibility to order the required textbook and/or supplies. 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](mailto: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 (MST), excluding stat holidays.



NAIT Optical Sciences Program Refraction Courses 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)*

*If you are an International student applying for the Refraction Clinical course (OPSC695), please indicate the type of work permit you hold by selecting one of the following:

☐ Temporary Foreign Worker ☐ International Experience Canada ☐ Post-Graduation Work Permit Program

Prerequisite:

Licensed Contact Lens Fitter: License # _____

Please select course(s): ☐ Refraction (OPSC617)
☐ Refraction Clinical (OPSC695)

Please select intake: ☐ Fall ☐ Winter

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)



NAIT OPTICAL SCIENCES REFRACTION CLINICAL AGREEMENT

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 Refraction Clinical course (OPSC695) in which the Student is enrolled with NAIT.

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 clinical experience, as may be requested from time to time by NAIT.
2. The Supervisor agrees to accept sole 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 acknowledges that he/she/they has been advised that no health or accident benefits extend to the Student by virtue of the relationship of the Student with NAIT. If the Student is not also in an employment relationship with the Supervisor outside of the scope of this Agreement, the Student may wish to explore private health or accident benefits coverage for the term of the clinical experience.
4. 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 clinical 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 clinical 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*.
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 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 their provincial regulatory body as they apply to eyeglass and contact lens dispensing as well as refracting.
7. It is the responsibility of the Student to update records with the NAIT within seven (7) 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 seven (7) days of the termination of employment of the Student.
9. The parties hereto agree that this Agreement shall not be nor shall it be deemed to be a contract of permanent 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.
10. Subject to paragraph 9, this Agreement shall be effective for the period that the Student is under supervision of the Supervisor for completion of the clinical manual of work experience or six (6) months, whichever shall first occur.

CLINICAL SUPERVISION (all fields required):

Occupation of Supervisor: Optometrist ☐ Ophthalmologist ☐

Supervisor's Name: _____ License Number: _____

Company Name: _____ Telephone: _____

Address: _____ 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

Student's Signature

Witness's Signature

Program Manager's Signature

Witness's Signature