EXTERN APPLICATION FORM

[Please print or type]

Name of Applicant:_____
Home Address:_____
_____Postal Code:_____
Tel. No.: [ ] _____ email _____
Date of Birth:_____

School of Optometry Sponsoring Externship:_____
Is the student covered under the School of Optometry's global insurance coverage - yes [ ] no [ ]

Has the student ever tested positive for HIV, Hepatitis B or Hepatitis C - yes [ ] no [ ]

Address of Main Office of Supervising Optometrist:

_____
_____Postal Code:_____
Tel. No.: [ ]_____ Fax No.: [ ]_____

Satellite Office Location(s)
1._____
_____Postal Code:_____
Tel. No.: [ ]_____ Fax No.: [ ]_____
2._____
_____Postal Code:_____
Tel. No.: [ ]_____ Fax No. [ ]_____

Liability Insurance:_____
[Underwriter] [expiry date of policy] [amt. of insurance]

Term of Externship Program: From:_____To:_____
Name of Supervising Optometrist:_____

Signed:_____[Applicant]
_____[Supervising Optometrist]

Authorized Signature from School of Optometry:
_____

Dated this _____day of_____, 20_____.

Please forward the completed form to the Alberta College of Optometrists

Alberta College of Optometrists
#102 8407 – Argyll Road NW
Edmonton, Alberta T6C 4B2
Fax: 780-466-5969

ALBERTA college of OPTOMETRISTS