ALBERTA college of OPTOMETRISTS

#102, 8407 ARGYLL ROAD NW, EDMONTON, ALBERTA T6C 4B2

ADMIN@COLLEGEOFOPTOMETRISTS.AB.CA
TOLL FREE 1-800-668-2694
T 1-780-466-5999
F 1-780-466-5969

WWW.COLLEGEOFOPTOMETRISTS.AB.CA

EXTERN APPLICATION FORM

Once form is completed hit the print button, sign, and mail to #102, 8407 Argyll Road NW, Edmonton, Alberta T6C 4B2

1. Name of Applicant:

Full Name

Street Address

City

Postal Code

Telephone

Email

Date

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

Supervising Optometrist:

Supervising Optometrist Main Office Street Address

City

Postal Code

Telephone

Fax

Satellite Office Location(s) if Any:

Satellite Office #1 Street Address

City

Postal Code

Telephone

Fax

Satellite Office #2 Street Address

City

Postal Code

Telephone

Fax

Liability Insurance:

Underwriter	Expiry date of policy	Amount of insurance

Term of Externship Program

From	To

Name of Supervising Optometrist

Signature of Applicant | Date

Signature of Supervising Optometrist | Date

Authorized Signature from School of Optometry | Date

Click Here to Print

Once printed please sign and return this form to:

Registrar
Alberta College of Optometrists
#102 8407 Argyll Road NW
Edmonton, Alberta T6C 4B2

Annual Extern Membership Fee: $0