

INTERN 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 of Birth

Accredited School of Optometry Attended

Date of Graduation

Non-Accredited School of Optometry Attended

Date of Graduation

Has the student ever tested positive for HIV, Hepatitis B or Hepatitis C?

Yes

No

Address of main office where you will be practicing:

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
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Initial Registration Fee: \$100

Annual Intern Membership fee Attached: \$350

Copy of Diploma Attached

Copy of Transcripts Attached

[Please send your remittance along with this application and one of the above documents with a cheque payable to the Alberta College of Optometrists]. When you register as a regulated member of the College the intern membership fee will be applied toward your annual practice permit fee as long as successful application is made in the same calendar year.

Name of Supervising Optometrist

Signature of Applicant

Date

Signature of Supervising Optometrist

Date

Date Approved by Registrar



[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