



#102, 8407 Argyll Road, Edmonton, AB T6C 4B2  
Tel: (780)466-5999 Fax: (780)466-5969

## INTERN APPLICATION FORM

[Please print or type]

Name of applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No.: [ ] \_\_\_\_\_ email: \_\_\_\_\_

Accredited School of Optometry Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Non-Accredited School of Optometry Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Date Successfully Completed IOBP or Advanced Standing Program: \_\_\_\_\_

Date you first wrote and date you will rewrite the OEBC Exam: \_\_\_\_\_ & \_\_\_\_\_

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

Has the intern ever been investigated, disciplined, charged or convicted of any activity of a sexual nature:  
yes [ ] no [ ]

Address of Main Office where you will be practicing:

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel No.: [ ] \_\_\_\_\_ Fax No. [ ] \_\_\_\_\_

Satellite office locations if any

1. \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. No. [ ] \_\_\_\_\_ Fax No. [ ] \_\_\_\_\_

Liability Insurance Maintained

[Underwriter] \_\_\_\_\_ [expiry date of policy] \_\_\_\_\_ [\$ amount of insurance] \_\_\_\_\_

Term of Internship Program: From: \_\_\_\_\_ To: \_\_\_\_\_  
[Maximum length of program to be approved by the ACO Registrar]

Registration Fee Attached: \$100.00 [ ] - and - Intern Membership Fee Attached: \$350.00 [ ]

Copy of Diploma attached [ ] - or - Copy of Final 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: \_\_\_\_\_

Signed: \_\_\_\_\_ [Applicant]

\_\_\_\_\_ [Supervising Optometrist]

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Date Approved by Registrar: \_\_\_\_\_