

## 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:

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Full Name

---

Street Address

---

City

---

Postal Code

---

Telephone

---

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

**Supervising Optometrist:**

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**Supervising Optometrist Main Office Street Address**

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**City**

---

**Postal Code**

---

**Telephone**

---

**Fax**

**Satellite Office Location(s) if Any:**

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**Satellite Office #1 Street Address**

---

**City**

---

**Postal Code**

---

**Telephone**

---

**Fax**

---

**Satellite Office #2 Street Address**

---

**City**

---

**Postal Code**

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**Telephone**

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**Fax**

**Liability Insurance:**

|                    |                              |                            |
|--------------------|------------------------------|----------------------------|
| _____              | _____                        | _____                      |
| <b>Underwriter</b> | <b>Expiry date of policy</b> | <b>Amount of insurance</b> |

**Term of Externship Program**

|             |           |
|-------------|-----------|
| _____       | _____     |
| <b>From</b> | <b>To</b> |

\_\_\_\_\_  
**Name of Supervising Optometrist**

---

Signature of Applicant

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Date

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Signature of Supervising Optometrist

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Date

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Authorized Signature from School of Optometry

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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