



ADVISORY NO. I&EP - 4

[Please file in your ACO Practitioner Manual in the “Advisories” Section – Replaces Advisory No. I&EP -3]

Date: January 1, 2008

Subject: INTERNSHIP & EXTERNSHIP PROGRAMS

The addition of a student intern or extern to your private practice can be a positive and educational experience for both the student and the supervising optometrist. The following summarizes the responsibilities and expectations for both the supervising optometrist and the student:

[A] Externship Program

An extern is defined as an unregulated student of an accredited university optometry program, an unregulated student of a non-accredited optometry program; or, an unregulated graduate of a non-accredited optometry program who is currently enrolled in the International Optometric Bridging Program. All students must work under the supervision of a Regulated Member.

A list of accredited University Optometry Programs is included at the end of this Advisory.

An Extern Application Form must be completed and signed by the supervising optometrist, a representative of the student’s School of Optometry or a representative of the International Optometric Bridging Program. The Alberta College of Optometrists also requires that the supervising optometrist either add the student extern to their liability insurance coverage or obtain a copy of the School of Optometry’s global insurance coverage for students which specifies the coverage for students under their program. The extern student should also be clearly identified to the public and other staff (e.g. via a name tag).

Optometrists participating in the Externship Program would be required to meet the following conditions:

- ✓ Must be a regulated member practicing full time in Alberta.
- ✓ Must provide direct on-site supervision during examination procedures.
- ✓ Must review and verify as required all examination results and alter, if required, all recommended treatment procedures.
- ✓ Sign the examination record and prescription form prior to the patient leaving the office.
- ✓ Maintain liability insurance in the minimum amount of \$2 million. This insurance coverage may be provided by the students University Global Insurance coverage, the student themselves or the regulated member who is supervising the student.

No fee is charged for participating in this program. However, all Externship Programs must be approved by the Registrar, Alberta College of Optometrists. The term of the extern program must be clearly listed on the Extern Application Form and any change to the term of the Externship Program must also be approved by the Registrar.

[B] Internship Program

An intern is defined as an unregulated graduate of an accredited university optometry program, or, an unregulated graduate of a non-accredited optometry program who has successfully completed the International Optometric Bridging Program. All graduates must work under the supervision of a Regulated Member.

This program is usually reserved for students who have graduated and are waiting to write the CSAO exam or have already written the CSAO exam and are waiting for their results.

The Intern would be allowed to perform any of the restricted activities specified in the Regulation under the direct supervision of the regulated member who is authorized to perform the restricted activity and who is physically present on-site where the procedure is being performed and is available to assist as necessary.

An Intern Application Form must be completed and signed by the supervising regulated member and the Intern. The following documentation and fees must also be provided at the time of application:

- (a) Copy of diploma or final transcript
- (b) Proof of liability insurance coverage
- (c) \$100.00 initial registration fee
- (d) \$350.00 annual intern membership fee

Should the intern be successful in their first or subsequent challenge of the CSAO exams, only the membership fee paid during this calendar year is creditable to their annual ACO practice permit fee.

All Intern applications must be reviewed and approved with the ACO Registrar before any patients are examined.

Graduates and supervising regulated members participating in the Internship Program must agree to the following:

- Specific optometrist(s) has (have) to be identified and only direct on-site supervision of the intern would be approved.
- The supervising optometrist must ensure that clear identification is made for the benefit of the public as to the qualifications or professional designation of the Intern (i.e. Intern to utilize a nametag identifying him/her as an intern).
- The supervising optometrist must review all diagnostic data and alter as required all recommended treatment procedures.
- Assure the ACO that the supervising optometrist has adequate liability insurance covering the intern(s) during the course of the approved program. The minimum amount of liability insurance is \$2 million.
- The program would run for the course of time as approved by the ACO Registrar. Program time usually extends until the next sitting of the CSAO exams and after test marks are made available by the CEO or until the end of the current calendar year.
- If the intern is not successful in passing the CSAO by the end of the calendar year, the intern must again apply for membership in this program and pay an additional \$350 annual membership fee. If the intern is successful in passing the CSAO, only the \$350 for the current calendar year is applied against the current calendar year regulated member fee.

Application Forms for the Externship Program and the Internship Program are available from the ACO office in Edmonton as well as being included as an attachment to this Advisory. For further information, please call (780) 466-5999, or, toll free in Alberta at 1-800-668-2694, or, e-mail admin@collegeofoptometrists.ab.ca

List of Accredited Optometry Schools

Ferris State University, Big Rapids, MI
Indiana University, Bloomington, IN
Inter American University of Puerto Rico, San Juan, PR
Illinois College of Optometry, Chicago, IL
New England College of Optometry, Boston, MA
Northeastern State University, College of Optometry, Talequah, OK
Nova, Southeastern University, Ft. Lauderdale, FL
Ohio State University, Columbus, OH
Pacific University, Forest Grove, OR
Pennsylvania College of Optometry, Philadelphia, PA
State University of New York, New York, NY
Southern California College of Optometry, Fullerton, CA
Southern College of Optometry, Memphis, TN
University of Alabama at Birmingham School of Optometry
University of California, Berkeley School of Optometry
University of Houston, Houston, TX
University of Missouri St. Louis, St. Louis, MI
University of Montreal, Montreal, PQ
University of Waterloo, Waterloo, ON



ALBERTA college
of OPTOMETRISTS

#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 International Optometric Bridging Program: _____

Date you first wrote and date you will rewrite the CSAO Exam: _____ & _____

Has the intern ever tested positive for HIV, Hepatitis B or Hepatitis C - 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. [] _____

2. _____

_____ 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: _____

[Please forward to the Alberta College of Optometrists to the mailing address listed along with registration and member fee.]



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

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 to the Alberta College of Optometrists to the mailing address or fax listed above]