



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.]