

# Form 5: FORAC Academic Credential Application Form for Optometry Registration

Please refer to the FORAC Academic Credential Application Guide for Optometry Registration when completing this application form. You may fill in and save the form on your computer, then print and mail it in along with the other required documents.

<b>PERSONAL DETAILS</b>			
<b>Surname</b>		<b>Previous Surname</b> (if applicable)	
<b>Given Name</b>		<b>Second Given Name</b> (if applicable)	
<b>Gender</b>			
<b>MAILING ADDRESS</b>			
<b>Street Number</b>	<b>Street Name</b>		<b>Apartment Number</b>
<b>City</b>	<b>Province</b> (if applicable)	<b>Postal Code</b> (if applicable)	<b>Country</b>
<b>CONTACT DETAILS</b>			
<b>Telephone Number</b>	<b>Cellphone Number</b>	<b>Fax Number</b>	
<b>Email Address</b>			
<b>DESTINATION PROVINCE</b>			
<b>Destination Province(s)</b>			

<b>EDUCATION HISTORY</b>	
<b>Name of institution at which optometry-related degree was earned</b>	
<b>Country where optometry degree issuing institution is located</b>	
<b>Name of optometry degree program</b>	
<b>Length of optometry degree program (in years)</b>	
<b>Language in which all your optometry-related degree was conducted</b>	
<p>English          French          Other (please state):</p>	
<b>Year of graduation from optometry degree program</b>	
<b>Do you have a completed WES assessment?</b>	<b>Have you requested all optometry-related course descriptions from your institution(s)?</b>
Yes          No	Yes          No
<b>Have you completed a language proficiency test?</b>	
<p>Yes          No          Not Required (if WES has confirmed that the language of optometry instruction was English)</p>	
<b>Highest level of education fully completed prior to enrolling in optometry</b>	
<p>High School</p> <p>A-Levels</p> <p>College Certificate</p> <p>College Diploma</p> <p>3-Year Undergraduate Degree</p> <p>4-Year Undergraduate Degree</p> <p>Master's Degree</p> <p>Other (please state):</p>	

**Have you completed at least three years of undergraduate studies in sciences in addition to your optometry degree?**

Yes

No

**What was the subject matter of your three years of undergraduate studies?**

**Have you submitted evidence of other optometry-related education or training?**

Yes

No

**Nature of evidence of other optometry-related education or training**

Graduate degree optometry courses

Post-graduate certificates and diplomas

Residency training

Courses from optometry professional development programs

Optometry courses taken at an applicant's university that do not directly correspond to University of Waterloo optometry courses

Optometry-related course(s) included in undergraduate studies

Other (please state):

**WORK HISTORY**

**How many years of full-time equivalent work experience in optometry have you had?**

**Have you submitted official evidence of your work experience?**

Yes

No

**Nature of evidence detailing your work experience**

Official employer correspondence

Other (please state):

<b>SUPERVISED PRACTICE</b>				
<b>Did you complete a period of supervised practice?</b>		<b>If yes, number of weeks of supervised practice</b>		
Full-time	No	1-10	11-20	21-30
Part-time		31-40	41-52	52+
<b>Total number of hours of supervised practice</b>				
<b>Have you submitted official evidence of your supervised practice?</b>				
Yes	No			
<b>Nature of evidence detailing supervised practice</b>				
Official employer correspondence				
Confirmation from national authority in source country				
Other (please state):				
<b>Country in which supervised practice was undertaken</b>				
<b>Number of formal learning assessments during supervised practice</b>				
<b>NOTICE TO ALL APPLICANTS</b>				
<p>During provincial registration, you may be required by provincial regulators to provide additional information including documentation pertaining to past or current investigations of professional misconduct.</p> <p>I have read the attached description and accept the stated conditions on which FORAC will assess my academic credentials. I consent to allowing any person or organization to provide information to FORAC for the purpose of assessing my academic credentials.</p>				
<b>Applicant Signature</b>			<b>Date</b>	