

APPLICATION FOR PLAR

FOR OFFICE USE ONLY	
Approved By:	Date:
Fees Paid:	Receipt #:
Letters of Reference:	EG or EG/CL:
Transcripts:	English Proficiency:
Resume Detailing Experience:	
Proof of Previous Licensure:	

IMPORTANT: READ BEFORE COMPLETING THIS FORM

1. Print or Type: Application not legible or those incomplete will be returned.
2. If insufficient space is provided, please attach additional information.
3. The PLAR process may take up to 6 months, not including education modules or exams.
4. You must complete all of the PLAR steps, pass the national exam, and register with the NSCDO before you will be allowed to dispense eyeglasses or contact lenses in Nova Scotia.

THE UNDERSIGNED APPLIES FOR A LICENSE OR REGISTRATION AS (Please check)

Dispensing Optician, PLAR

Contact Lens, PLAR

Surname of Applicant

Given Name(s)

Residence of Applicant

Suite/Apt.

City/Town

Province

Postal Code

Home Phone Number

Mobile Number

Email address

Name of Business where you will be employed

Address of Business

City/Town

Province

Postal Code

Business Phone Number

Business Fax Number

1. If currently employed, please provide your job title _____ and start date _____.

2. Have you ever had any license or registration of any kind refused, suspended or revoked?

Yes No

3. Have you ever applied or intend to apply for registration in any other Canadian province/territory?

Yes No If yes, which province? _____

4. Have you ever been licensed in Canada? Yes No

If yes, please explain the circumstances under which you ceased to be licensed: _____

5. Have you ever been convicted of any offence under any law of any Country, State or Province for which you have not been pardoned or disciplined by any professional, occupational association or society?

Yes No

DECLARATION – I certify that the statements made on this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration, which may be granted me. I hereby authorize the Nova Scotia College of Dispensing Opticians to verify with the appropriate sources any information given or supplied as part of this application.

Date of Application

Signature of Applicant