



*NACÔR*

**National Alliance of Canadian Optician Regulators  
Prior Learning and Assessment Recognition  
Process (PLAR) Registration Package**

**A) Application for Registration with Non-Accredited Education**

Canadian and international applicants who have not graduated from a Canadian accredited program may be accepted for registration when they have a combination of knowledge, skills, experience and abilities, which are substantially equivalent to the requirements for new applicants. These applicants will complete a Prior Learning Assessment and Recognition process (PLAR).

The PLAR process consists of a document review, Competency Gap Analysis (CGA) and Case-Based Interview.

The CGA is a supervised online multiple choice assessment, the Case-Based interview (CBI) is an interview which is conducted either in person or remotely through electronic methods. Both the CGA and CBI are based on the competencies in the *National Competencies for Canadian Opticians*.

The scores on the CGA and CBI are combined in a computer generated score card known as an Integrated Candidate Scorecard (ICS). The results are used to determine if there are any gaps in the candidate's knowledge and skills. If additional education is required bridging modules will be assigned to upgrade the candidate's knowledge and skills.

To begin the process, complete the application form including the required additional information and return it to the NACOR office.

Please contact [general@nacor.ca](mailto:general@nacor.ca) if you have any questions or require assistance.

For more information on the PLAR process and the *National Competencies for Canadian Opticians* visit [www.becomeanoptician.com](http://www.becomeanoptician.com)

Successful PLAR candidates will be required to pass the NACOR National Examination(s) prior to being eligible for licensure in any province in Canada. For more information on the National Examination visit the NACOR website at [www.nacor.ca](http://www.nacor.ca)

**B) Select a Registration Category:**

- a. I want to register as a DISPENSING OPTICIAN
- b. I want to register as a DISPENSING OPTICIAN AND CONTACT LENS FITTER

**NACOR PLAR Application Form**

**C) Personal Information:**

**1) Personal Information**

Full Name (First, Middle, Last) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**2) Home Address Information**

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

**3) Employment & Business Address Information**

Yes      No

Are you currently employed in optics?  
If Yes, please fill out employment information  
below:

Are you the owner/operator of the business?      Yes      No

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Phone \_\_\_\_\_

Postal Code \_\_\_\_\_

Email \_\_\_\_\_

**4) Preferred Mailing Address:**      Circle one:      Home      Business

**5) Daytime Phone Number:** \_\_\_\_\_

**6) What province are you applying for registration in:** \_\_\_\_\_

**D) Documentation Required to be Submitted to NACOR:**

- a) Completed application form
- b) Two passport photos
- c) Details of work experience - Information to be recorded on **Dispensing Experience & Fittings Form**
- d) Transcripts of formal education - Include name and location of school, date of enrolment and graduation, grade achieved, course outlines and if the program is accredited in its jurisdiction provide the name of the accrediting agency
- e) Any of the applicable information and/or documents listed below that you have

- **Examinations**

Have you successfully challenged a licensure/certification examination in another country?

If yes, provide the name of certifying agency, date of examination and mark achieved (must provide proof from the certifying agency)

- **Letters of personal reference and professional competence**

Must match details of work experience and be verifiable

- **Letters of registration or licensure**

Are you registered or licensed in another country?

If yes, provide a letter from the regulatory organization. It must include the name of the regulatory organization, the location, your class of standing, status, expiration and a notation of any disciplinary action

- **ICES, IQAS or WES**

If you have had your international credentials evaluated in Canada please provide the report

- **Language proficiency**

Applicants must demonstrate a proficiency in English. If you have completed an English as a Second Language (ESL) course please provide the name of the course you completed, the level completed and a copy of any certification.

**E) PLAR Fees and Payment Information:**

<b>Fees:</b>	<b>Fee</b>	<b>Total Price with tax</b>
<b>Document Assessment</b>	225.00	<b>\$236.25</b>
<b>Competency Gap Analysis and Interview</b> (For each area of practice assessed: eyeglasses, contact lenses)	650.00	<b>\$682.50</b>

Terms of payment please check one: Cheque payable to NACOR \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

Name of card holder \_\_\_\_\_

Signature of card holder \_\_\_\_\_

I authorize the National Alliance of Canadian Optician Regulators (NACOR) to charge my credit card in the amount of \$ \_\_\_\_\_

(eyeglass only \$918.75/ eyeglasses and contact lenses \$1601.25)

NACOR

For the purpose of this application for PLAR I authorize the National Alliance of Canadian Optician Regulators to share the personal information in this application form with any regulator of opticians in Canada.

I authorize any regulator of opticians in Canada to release my personal information to the National Alliance of Canadian Optician Regulators.

I do solemnly swear, that I have completed the application form above to the best of my know ledge and believe the completed form is correct and true.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mail your complete Registration Package to:**

NACOR  
2709-83 Garry Street  
Winnipeg, MB  
R3C 4J9

Applications are only accepted by regular mail (please note: registered mail cannot be received). Faxed, scanned or incomplete applications will not be processed.

NACOR will contact you by e-mail to confirm the receipt of your application.

**DISPENSING EXPERIENCE & FITTINGS FORM**

**Please complete one form for each place of employment.**  
**Make copies of this form, as needed**

FULL NAME OF APPLICANT	SURNAME:	
	FIRST NAME:	
	MIDDLE NAME(S):	
<b>RECORD OF ACTUAL DISPENSING EXPERIENCE (NB: LABORATORY HOURS ARE NOT ELIGIBLE)</b>		
BUSINESS NAME:		SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS:		
CITY:		PROVINCE:
POSTAL CODE:		COUNTRY:
TELEPHONE # (      )		E-MAIL:
FIRST DAY OF EMPLOYMENT (DD/MM/YY):		LAST DAY OF EMPLOYMENT (DD/MM/YY) (enter "N/A" if still employed):
HOURS PER WEEK OF ACTUAL DISPENSING:		<b>TOTAL ACTUAL DISPENSING HOURS AT THE ABOVE MENTIONED LOCATION:</b>

**DECLARATION OF SUPERVISOR (Please Print)**

I, \_\_\_\_\_, state that the above information is true to the best of my knowledge and belief and that \_\_\_\_\_ received the above actual dispensing hours during the specified period.

Date:

Signature of Supervisor: