

Continuing Education Supervising Optician Form

Please note licensed opticians may supervise a maximum of two (2) students per year. Supervisors are responsible for submitting this form for each student they have supervised to the ACAO in order to receive con-ed credit for their participation. Supervisors qualify for 1 credit per semester per student (EG for supervision of Eyeglasses students and CL for supervision of Contact Lens students).

****Please note: If you are a student contact lens practitioner you are only eligible to supervise 1 Eyeglass student per year****

Please submit this completed form to the ACAO via Fax or Email

Fax 780-426-5576 or Toll Free 1-800-584-6896

general@acao.ca

Supervisor Information

First Name: _____

Last Name: _____

License #: _____

Student Information

First Name: _____

Last Name: _____

License #: _____

Supervision Details

NAIT Program (choose one): EG – 1 -Sem 1 EG – 1 – Sem 2
 EG 2 – Sem 1 EG – 2 – Sem 2
 CL – Sem 1 CL – Sem 2

Dates of Supervision (approximate)

Start Date: _____

End Date: _____