NOTICE OF STUDENT INTERNSHIP

In accordance with the policies of the College, a "student intern" means a student who

- a) is currently enrolled in a recognized school of optometry, and
- b) has successfully completed at least three years of education there.

Registrants may permit student interns to undertake internships in their places of practice under their supervision, and must provide the Registrar with the following information at least seven days before the internship begins.

Before permitting a student intern to examine a patient, a registrant must inform the patient that he or she will be examined by a student intern.

TO BE COMPLETED BY STUDENT INTERN:

LAST NAME	MIDDLE NAME	FIRST NAME
ADDRESS:		
PHONE:		
SCHOOL NAME:		
SCHOOL CONTACT ADDRESS:		
SCHOOL CONTACT NAME:		
LAST NAME	MIDDLE NAME	FIRST NAME
SCHOOL CONTACT PHONE:	······	
TO BE COMPLETED BY REGIS	STRANT:	
SUPERVISING REGISTRANT:		
LOCATION OF INTERNSHIP:		
I,		(Registrant) agree to undertake the supervision
of		(Student Intern) for the duration of the
internship, from	to	Day Month Year
SIGNATURE OF REGISTRANT:		
DATE:		
*Please fax back to the College office a	at 604-623-3465	Day Month Year