



Saskatoon Health Region Orthoptic Program
Saskatoon City Hospital
4th Floor Eye Centre
701 Queen St
Saskatoon, SK S7K 0M7
Orthoptic.school@saskhealthauthority.ca
P: 306-655-8094 F: 306-655-8119

Orthoptic Program Application Form

Please complete this application form and return it by March 3, 2023 along with:

1. A completed curriculum vitae, including information regarding academic background and work/volunteer experience.
2. A personal *handwritten* statement outlining why you are pursuing a career in orthoptics.
3. IQAS Specialized Assessment Certificate (if required).

Please ensure that the following documents reach the school on or before March 3, 2023:

1. Letters of recommendation
2. Official transcripts
3. Proof of Degree
4. TOEFL or other English Language Proficiency Exam score as approved (if required)

Name: _____

Mailing address _____

Email address _____

Phone number _____

Alternate number for messages _____

Do you consider English your first language? ___yes ___ no

All students must be able to perform the essential functions of a student orthoptist. Reasonable accommodations will be afforded to student orthoptists with disabilities as required under the Saskatchewan Human Rights Act. Faculty and staff from the Saskatoon Health Region Orthoptic Program will work with our people strategies department to determine what constitutes reasonable accommodations. Please review the Prerequisites document for specific information.

I have reviewed the Prerequisites for Orthoptic Students document (initial here) _____

I have contacted a practicing orthoptist to discuss the career ____yes ____ no

How did you learn about our program?

Name of Referee _____
Position _____
Institution/Business _____
Address _____
Telephone _____
Email Address _____
Relation to Applicant _____

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