



Saskatoon Health Region Orthoptic Program  
Saskatoon City Hospital  
4<sup>th</sup> 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 1, 2020 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 1, 2020:

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 \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

**Name of Referee** \_\_\_\_\_

Position \_\_\_\_\_

Institution/Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

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Relation to Applicant \_\_\_\_\_