

Application for orthoptic training/accreditation in Canada

Applicant's name:

Correspondence address:

E-mail:

University & country where orthoptic training was completed:

Duration of orthoptic training:

Year in which you plan to sit the Canadian Orthoptic Council certification examination:

Required documents: Proof of a University degree
Proof of orthoptic training of at least 24 months
Proof of certification as an orthoptist
Proof of employment as an orthoptist (if applicable)
Proof that applicant is in "good standing" with orthoptic council, organization or university

Send application to: Dr Conor Mulholland
Chair of the Admissions and Training Committee
Department of Ophthalmology
Health Sciences Centre
CE216 - 820 Sherbrook Street
Winnipeg, Manitoba, R3A 1R9
Canada

Fax: +1 204 787 4965
E-mail: cmulholland@hsc.mb.ca

Notes:

1. This form must be submitted prior to 20 December if you wish to be eligible for the Canadian Orthoptic Council certification examination in the following calendar year. You are encouraged to apply much earlier than this in case further training is required; this will give you more time to make the necessary arrangements.
2. If you are French-speaking and are applying to the "Programme d'Intégration Francophone des Orthoptistes" (PIFO) then you need to complete the second page of this application form (this is not necessary for non-PIFO applicants).

Programme d'Intégration Francophone des Orthoptistes

To be considered for inclusion into this program the candidate must:

- be francophone and a graduate of a recognized francophone European university
- have obtained academic grades equal to or higher than the Canadian average (70%)
- have valid professional experience
- have worked in a stimulating professional environment
- may have stopped working, but for less than 3 years
- be familiar with English
- have graduated no more than 5 years ago

Applicants should complete the answer the questions in the following section and include this page with their application.

Note: applications to the PIFO program must first be assessed by ***. Please send all PIFO applications to: ***

Academic performance at University:

- Year 1:
- Year 2:
- Year 3:
- Any subsequent studies:

Summary of professional experience including dates:

Details of continuing professional education:

Familiarity with English:

- Spoken:
- Written: