



Tel: 780.429.2694 OR Toll Free: 1.800.263.6026 Website: albertaopticians.ca

SUPERVISING OPTICIAN FORM

Please note licensed opticians may supervise a maximum of two (2) students per year.

Supervisor Information

First Name: _____

Last Name: _____

License #: _____

Student Information

First Name: _____

Last Name: _____

License #: _____

Supervision Details

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

Dates of Supervision (approximate)

Start Date: _____

End Date: _____