College of
HEALTH AND CARE
PROFESSIONALS OF BC

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 REGISTRANT:

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 Day Month Year

SIGNATURE OF REGISTRANT: _____

DATE: _____ _____ _____
Day Month Year

*Please e-mail back to the College office at: registration@chcpbc.org

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