



## NAIT OPTICAL SCIENCES OPHTHALMIC REVIEW PRACTICUM AGREEMENT FORM

This Agreement, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Between: \_\_\_\_\_ (hereinafter called the "Supervisor")  
And \_\_\_\_\_ (hereinafter called the "Student") and  
The Northern Alberta Institute of Technology (hereinafter called "NAIT")

The purpose of this Agreement is to define the roles and responsibilities of each of the parties in relation to the practicum component of the Ophthalmic Review Program of Study ("Program") in which the Student is enrolled with NAIT. The practicum component has been recommended by a governing body or an educational institution.

### The Student was referred by (provide name):

Provincial Regulatory Body \_\_\_\_\_ Educational Institution \_\_\_\_\_

### The Student is enrolled in the (choose one):

Ophthalmic Review Eyeglasses Practicum (OPSC693) \_\_\_\_\_ Ophthalmic Review Contact Lens Practicum (OPSC694) \_\_\_\_\_

### The Parties hereto agree that:

1. The Supervisor agrees to accept and train the Student in all areas of the profession so far as the Supervisor's facilities and availability of work permits. The Supervisor further agrees to provide to NAIT and the referring agency named above such information regarding the Student in relation to the Student's progress in the practicum experience, as may be requested from time to time by NAIT and the referring agency named above.
2. The Supervisor agrees to accept sole responsibility for all acts of the Student while registered under his/her/their supervision, including consumer complaints, unskilled practice, or professional misconduct.
3. The Student acknowledges that he/she/they has been advised that no health or accident benefits extend to the Student by virtue of the relationship of the Student with NAIT. If the Student is not also in an employment relationship with the Supervisor outside of the scope of this Agreement, the Student may wish to explore private health or accident benefits coverage for the term of the practicum experience.
4. The Student of his/her/their own free agrees to work with and be trained in the profession by the Supervisor for the term approved by NAIT. The Student further agrees to provide NAIT with such information regarding the practicum experience as requested from time to time, and further, the Student hereby consents to the sharing of his/her/their personal information (including attendance, work experience, behaviour, attitude, employment details, and other matters impacting the Student's training and work experience), among the Supervisor, the referring agencies named above and NAIT for purposes of evaluation of his/her/their practicum experience, and this consent constitutes a consent to disclose personal information, pursuant to section 40(1)(d) of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c. F-25.
5. All of the parties agree that the Student will be under direct supervision of the Supervisor and further that the Supervisor will: a) be directly and personally involved in the work of the Student; b) document only work where direct supervision is present; c) display his/her/their certificate of registration on the training premises where the Student is employed; and d) be responsible for the work of the Student at all times.
- 6.. All parties are further agreed that they shall be subject to and shall abide by the provisions of the Act, Regulations, Standards of Practice, and Bylaws of their provincial regulatory body as they apply to eyeglass dispensing and/or contact lens dispensing.
7. It is the responsibility of the Student to update records with the NAIT and the referring agencies named above within seven (7) days upon changes of any details of this Agreement (with regards to changes of name, address, supervisor or employment).
8. It is the responsibility of the Supervisor to advise NAIT within seven (7) days of the termination of employment of the Student.
9. The parties hereto agree that this Agreement shall not be nor shall it be deemed to be a contract of permanent employment between the Supervisor and the Student, and this Agreement may be terminated by either Supervisor or Student forthwith without prior notice to the other.
10. Subject to paragraph 9, this Agreement shall be effective for (a) the period that the Student is under supervision of the Supervisor for completion of the practicum manual of work experience or six months, whichever shall first occur.

### PRACTICUM SUPERVISION (all fields required):

Occupation of Supervisor: Optician \_\_\_\_\_ Contact Lens Fitter \_\_\_\_\_ Optometrist \_\_\_\_\_ Ophthalmologist \_\_\_\_\_ COMT \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**IN WITNESS WHEREOF the contracting parties hereto have hereunder set their hand the day and year aforesaid**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Program Manager's Signature

\_\_\_\_\_  
Witness' Signature