



THE OPTICIANS OF MANITOBA
APPLICATION FOR REGISTRATION
(KINDLY TYPE OR PRINT)

- 1. Applicant's Full Name (First then Last).....
Date of Birth.....
2. Home Address..... Phone.....
Email..... Fax.....
Home City/Province..... P/Code.....
3. Place of Employment.....
Business Address..... Phone.....
Email..... Fax.....
Business City/Province..... P/Code.....
Send mail to: (check one) Home Address [] Business Address []

Under the Privacy Information Act the only information on this form that can be released is your Business information. Any other information can only be released with your approval. Your signature is required on one of the following lines:

Release Business Information only: _____ Release all information: _____
(signature) (signature)

EDUCATION

- 1. High School Level Completed.....
2. University, College or Technical School Attended.....
3. Degree or Certificate Obtained.....
4. Are you a member in good standing of any other opticians regulatory agency, if so give details:
.....

EXAMINATIONS SUCCESSFULLY COMPLETED

- 1. Academic Course.....
2. Licensing Examination.....

AGREEMENT

Attached is the sum of \$.....to cover my one-time registration fee with the Opticians of Manitoba plus my license fee as outlined on the attached fee schedule. I agree to pay an annual license fee as outlined by the council of the Opticians of Manitoba. In the event that this application is not accepted, it is understood that said monies will be promptly refunded.

DATED at the City ofin the Province of Manitoba, thisday of 20.....

(Signature)

* This form must be filled out in its entirety for applicants to be considered for licensure.