

## APPLICATION FOR REGISTRATION FORM

- For:**
- Internationally educated professionals
  - Graduates of non-accredited Canadian programs
  - Graduates of accredited Canadian programs

### I am applying to register as a:

- Licensed Optician – Eyeglass Dispensing       Contact Lens Licensed Optician

#### Checklist

*FOR OFFICE USE ONLY*

- NACOR Exam/Pass (verified)       Registration Fee

## CONTACT INFORMATION

### A. Personal

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

### B. Education

Name of Educational Institution (Opticianry): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

## C. Registration

Are you currently a member of a regulatory body?  Yes  No

If yes, please provide:

Regulator Name: \_\_\_\_\_

Regulator Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Membership category: \_\_\_\_\_

## D. Registration Fee - \$200.00

Pay your registration fee. See <http://www.opticiansofmanitoba.ca> for current fees

You may pay by one of the following methods:

- Money order
- Credit card (To pay by telephone, call OOM at 204.222.8404)
- Certified cheque (Please make cheque/s payable to **Opticians of Manitoba**)

## E. Declaration

I do solemnly swear that:

1. I have completed the application to the best of my knowledge and believe the completed form is correct and true. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.
2. My entitlement to practise as a Licensed Optician or Contact Lens Licensed Optician has not been limited, restricted or subject to conditions in any jurisdiction which could result in the suspension or cancellation of my authorization to practice as same in that jurisdiction.
3. I, having read the applicable Acts of Manitoba, OOM bylaws, regulations, code of ethics, and standards of practice in force pursuant thereto, do declare that I will uphold the honour and dignity of the profession and adhere to the above in force pursuant thereto.

## AGREEMENT

Attached is the sum of \$\_\_\_\_\_ to cover my one-time registration fee with the Opticians of Manitoba (only applies to first-time applicants). In the event that this application is not accepted due to a suspension or other reason in keeping with the applicable Acts of Manitoba, OOM bylaws, regulations, Code of Ethics, and Standards of Practice, it is understood that said monies will be promptly refunded.

**Dated** at the City of \_\_\_\_\_ in the Province of \_\_\_\_\_,  
this \_\_\_\_\_ day of the Month of \_\_\_\_\_ in the year 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Please print your name as you wish it to appear on your Certificate of Registration:

\_\_\_\_\_  
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## DELIVERY

Mail or hand-deliver your application form and registration fee to:

### Registrar

Opticians of Manitoba  
215-1080 Portage Ave.  
Winnipeg, Manitoba  
R3G 3M3 Canada



Applications **CANNOT** be faxed or emailed. Original signatures are required.