

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

Payable to: Opticians of Manitoba

Payment Method: Certified Personal Cheque Business Cheque Visa Mastercard

Credit Card Authorization

I authorized the Opticians of Manitoba to charge my credit card in the amount of \$ _____.

Credit card number: _____ Expiry date _____ / _____

Name of card holder: _____ CVV# _____ (3-digit at the back)

Signature of cardholder: _____

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:

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.