

APPENDIX B



Inactive Declaration
(Inactive Status Applicants only)

CANADA PROVINCE OF MANITOBA IN THE MATTER OF
AN APPLICATION FOR INACTIVE /NON-PRACTICING LICENSING WITH
THE OPTICIANS OF MANITOBA

TO WIT:

I, _____, OF _____
(street address)

IN THE CITY OF _____ IN THE PROVINCE OF _____ DECLARE
THAT:

1. I AM NOT INVOLVED IN ANY ACTIVITIES PERTAINING TO THE SCOPE OF PRACTICE FOR A DISPENSING OPTICIAN OR A CONTACT LENS OPTICIAN AS DESCRIBED IN SECTION 4 OF THE MANITOBA OPTICIANS ACT..
2. I ACKNOWLEDGE AND AGREE THAT I WILL NEED TO CHANGE MY STATUS FROM NON-PRACTICING TO PRACTICING BEFORE I CAN PERFORM ANY OF THE DUTIES MENTIONED IN THE REGULATIONS OF THE MANITOBA OPTICIANS ACT.
3. I MAKE THIS DECLARATION, CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND AGREE THAT IT SHALL HAVE THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

(signature)

(date signed)

Witness Declaration: By signing below I attest to witnessing the signing of this document by the person above who is personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(witness signature)

(date signed)

(printed name)

(occupation)