

APPLICATION FOR PRIOR LEARNING AND RECOGNITION (PLAR)

For Internationally Educated Professionals

I am applying to become a:				
☐ Licensed Optician – Eyeglass Dispe	ensing	act Lens Lice	ensed Optici	an
A. PERSONAL				
Given Name:	Surname:			
Address:				
City/Town:	Province/State:		Country:	
Postal Code: Telephone:		Email:		
	Date of Birth:			
B. IMMIGRATION STATUS				
1. Do you live in Canada?				
□ Yes □ No				
If yes, when did you arrive in Canada?		(Month/	Day/Year)	
2. What is your immigration status?				
☐ Landed Immigrant ☐ Temporary	y Foreign Worker 🔲 N	lone		
3. Were you nominated by the Manitob	oa Provincial Nominee l	Program?		

C. EDUCATION	
Name of Educational Institution (Opticial	nry):
Address:	
City/Town:	Province/State:
Country:	Postal Code:
Date you Enrolled://	(Month/Day/Year)
Graduation Date:///	(Month/Day/Year)
Grade you Achieved:	
Required Documents	
a) Certificate of Completion	
Provide a certificate of completion from	your educational institution, such as a photocopy of your diploma.
b) Curriculum Details	
Provide information that describes the co	ntent of your course/education. For
example, course outlines, course descript	ions, syllabi. The information must include:
• List of subject areas	
Description of skills taught	
Number of credit hours in theoret	
Number of credit hours in practical	
D. EMPLOYMENT	
Are you currently working in the field of	Opticianry?
☐ Yes ☐ No	
1. Number of years you have practiced	d Opticianry:
2. Name of the country where you last	t practised:
Required Documents a) Resume	

Provide a resume that details your work history and experience since graduation. Include:

- Your Job Title
- Your start date and end date

- Business name
- Business address, including country
- Descriptions of the tasks you performed

b) Dispensing Experience and Fittings Form

Provide one Dispensing Experience and Fittings form for each place of employment. Your supervisor must complete and sign the form. The form is available online at OpticiansOfManitoba.ca

c) Letters of Reference

Your previous and current employers related to Opticianry must each provide a letter of reference.

The letters of reference should match the work history and experience described on your resume.

Each letter of reference must include:

- Your job title
- Your start date and end date
- A description of the tasks that you performed
- A statement about your job performance

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E. REGULATED	PRACTICE		
1. Is Opticianry	a regulated profession where	you last practised?	
☐ Yes	□ No		
If yes:			
Your profession	nal designation:		
Name of regula	ntory body:		
Address:			
City/Town:		Province/State:	
Country:		Postal Code:	
2. Are you curre	ntly a member of a regulatory	body?	
☐ Yes	□ No		
If yes, see Required	Documents on next page.		



a) Letter of Good Standing

You must provide a letter of good standing if you are currently a member of regulatory body. The letter of good standing must include:

- Name and address of the regulatory body
- Your membership category such as Eyeglasses or Contact Lenses
- Your status such as active or inactive
- The expiry date of your current licence
- Information on any disciplinary action taken against you

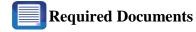
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F. PF	REVIOUS APPLICATIONS
1. Ha	we you applied for registration in any other province or territory in Canada?
☐ Ye	es 🗆 No
If yes,	, see Required Documents below.
	Required Documents
a)	Information Regarding Previous Applications for Registration Form
	You must complete this form if you have applied for registration in any other province or territory in Canada. The form is available online at OpticiansOfManitoba.ca
G. EX	KAMINATIONS
1.	Have you successfully completed a certification examination in Opticianry in Canada or

another country?

」Yes □ N	٧	()
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If yes, see Required Documents below.



a) Examination Marks

If you have successfully completed an Opticianry examination in Canada or any other country, you must provide:

- Name of the certifying agency
- Date of the exam
- Mark achieved
- Original exam certificate

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H. CRIMINAL RECORD BACKGROUND CHECK Complete a Criminal Record Check through the Winnipeg Police Service or your local police station. A Vulnerable Sector Screening is **NOT** required. **Required Documents** a) Criminal Record Search Certificate Provide your original Criminal Record Search Certificate to OOM. OOM will accept an original Criminal Record Search Certificate that is up to five years old. Photocopies will NOT be accepted. I. ENGLISH LANGUAGE PROFICIENCY 1. Have you completed an English as an Additional Language (EAL) course? ☐ Yes □ No If yes, see Required Documents below. 2. Have you completed a Canadian Language Benchmark Test (CBPT) in English? ☐ Yes \square No If yes, see Required Documents below. **Required Documents (Optional)** Demonstrating English language proficiency is NOT a requirement. However, you will accelerate the registration process if you can provide these documents: a) English as an Additional Language (EAL) If you have completed an EAL course, please provide: Name of the course · Level completed Original transcript b) Canadian Language Benchmark Test (CBPT) If you have completed a CBPT in English, please provide: Original transcript

J. REQUIRED DOCUMENTS CHECKLIST

Please add a checkmark to indicate the status of each document below.

Documents	Provided with Application	To be Provided	Not Applicable	Unavailable				
Certificate of Completion								
Curriculum Details								
Dispensing Experience and Fittings Form								
Resume								
Letters of Reference								
Letter of Good Standing								
Information Regarding Previous Applications for Registration Form								
Examination Marks								
Criminal Record Search Certificate								
English as an Additional Language (EAL)								
Canadian Language Benchmark Test (CBPT)								
If your required documents are unavailable, you must write a letter that states which documents are unavailable and explain the reason why you cannot produce the documents. Include the letter with your application or send the letter to: Registrar Opticians of Manitoba 215-1080 Portage Ave. Winnipeg, Manitoba, Canada R3G 3M3								
/ SIGNATURE								
C. SIGNATURE Date:	applicant's Sionati	ıre:						
	applicant s orginati							

L. APPLICATION FEE

Pay the application fee. See http://www.opticiansofmanitoba.ca/?page_id=784 for current fees.

You may pay by one of the following methods:

- Money order/ Bank draft
- Visa or Master card (To pay by telephone, call OOM at 204.222.8404)
- <u>Certified</u> cheque (Please make cheques payable to <u>Opticians of Manitoba</u>)

M. DELIVERY

Mail or hand-deliver all required documents with your application form and application fee to:

Registrar

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



Do NOT send documents by fax or email. Original signatures are required. OOM will return all original documents by registered mail once you complete the Prior Learning and Recognition (PLAR) process.