

APPENDIX A



OPTICIANS OF MANITOBA (OOM)

STUDENT OPTICIAN REGISTRATION FORM -EYEGASSES

PLEASE NOTE:

- Students are responsible for advising the Registrar of the Opticians of Manitoba within fourteen (14) days, of any changes in the information provided on this application.
- A completed supervisor's agreement (APPENDIX C) must accompany this application.
- If a student does not have current registration as a student with the Opticians of Manitoba, they will not be given credit by NAIT for any student practicum hours which they submit.

All students registered with the OOM are entitled to receive all OOM registrant benefits including the OOM newsletter, news releases, invitations to social events and annual meetings, Maintenance of Competency events and any other functions that the OOM may hold. Although students do not have voting privileges or rights to hold a position on the OOM Council, they may sit on a committee of Council.

New

Renewal

_____ (Surname) _____ (Given Names³)

_____ of _____
(Date of Birth) (Street Address)

_____, Manitoba _____ Phone: _____ Fax: _____ Email: _____
(Town or City) (Postal Code)

Place of Employment: _____
(Name, address and postal code)

Phone: _____ Fax: _____ Email: _____

List previous Optician training or other job experience. (Institutions and Diplomas obtained)

³ The name of a natural person recognized on official records, especially as recorded on a birth certificate or as changed by legal process. **NOTE:** If an abbreviated version of a legal name or an alias is generally used by the applicant such as "Jim" for the name "James", the applicant may request that the abbreviated version or alias be used on their registration card in brackets between your legal first and legal surname. e.g. James (legal first name) "JIM" (abbreviated name or alias) Smith (legal surname).

List of services that you will be providing and describe the proposed supervision. Please note: Any subsequent changes in employment or supervision must be approved by the Registration Committee of the Opticians of Manitoba.

I hereby apply for Registration as a Student Optician. I am presently enrolled in or will enrol (at the earliest opportunity) in the NAIT/Opticians Association of Canada distance delivery course, or have previously completed the following course:

Date: _____ Signature of applicant: _____

PLEASE NOTE

- The OOM Student Registration fee is payable **no later than two weeks prior to the commencement of the course**. Students who submit their application after this deadline will be charged a **late fee of \$30.00**. **The Registration fee, one passport photograph with the verification signed on the back and the original version of a criminal record search performed within the previous three years must accompany your application**. If you have submitted a photograph to us within the previous 5 years you do not have to submit it again. **Incomplete applications will not be processed.**
- The amount of the registration fee is subject to changes in OOM bylaws.
- **WE CANNOT ACCEPT CASH OR DEBIT**
- All personal cheques must be certified and made payable to the **Opticians of Manitoba**

Payment Method: Certified Personal Cheque, Business Cheque, Visa, Mastercard or Money Order

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: _____

- Please mail completed applications to: **The Registrar, Opticians of Manitoba, Unit 215-1080 Portage Ave., Winnipeg, MB R3G 3M3, and Ph:204- 222-8404**
- Completed applications may also be dropped off at the OOM. **Faxed or emailed applications will NOT be accepted** as original signatures are required.

Thanking you for your cooperation.