

Staple your passport photo here. It must be signed on the back by a witness.

APPLICATION FOR LICENSE FORM 2024

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

I am applying/renewing to become licensed as a: **Active:** **Inactive** **License #**

- Licensed Optician – Eyeglass Dispensing Contact Lens Licensed Optician

Checklist:

FOR OFFICE USE ONLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Shared Info National Database | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Criminal Record Search Certificate |
| <input type="checkbox"/> Passport Photo (verified) | | <input type="checkbox"/> License Fees /Payment |
| <input type="checkbox"/> Proof of Insurance | <input type="checkbox"/> OAC <input type="checkbox"/> Other | <input type="checkbox"/> Certificate of Completion of PHIA training module |
| <input type="checkbox"/> Insurance Contract Appendix C | | <input type="checkbox"/> Certificate of Completion of Jurisprudence module |
| <input type="checkbox"/> Declaration of Information Appendix D | | <input type="checkbox"/> Certificate of Completion of Social Media module |

FOR OFFICE USE ONLY

1. CONTACT INFORMATION

A. Personal

Given Name: _____ Surname: _____

Address: _____

City/Town: _____ Province/State: _____ Country: _____

Postal Code: _____ Land Phone: _____ Cell: _____

Email: _____

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

Languages spoken (optional): _____

B. Business

Business Name/Employer: _____ Are you the owner of the business? Yes No

Address: _____

City/Town: _____ Province/State: _____ Country: _____

Postal Code: _____ Land Phone: _____ Fax: _____

Cell : _____ Email: _____

C. Information Release

Under the Privacy Information Act, the only information on this form that can be released to the public in the OOM directory is your business information. Personal contact information can only be released for any reason with your approval. **Please sign one of the following below:**

Release **business contact** information only: _____

Release **all contact** information: _____

Are you willing to have your name and date of birth entered in Canada on the National Database?

YES

NO

2. REQUIRED DOCUMENTS

A. Proof of Insurance

All active license applicants are required to have a minimum of \$1M per occurrence of Professional Errors and Omission Liability Insurance. Inactive Opticians are **NOT** required to have insurance.

Please check the appropriate box below to indicate if you are planning to purchase or renew your private insurance OR you will be using your employer's insurance:


YES I am planning to purchase private insurance (includes OAC insurance)

YES I am planning to use my employer's insurance

You must submit the following with your 2024 license application if you are choosing either option:

- **Completed and signed Appendix C-** Certificate of Being Insured Under a Professional Liability Insurance Policy
- **Current certificate of insurance** which includes the following information:
 - **To whom the coverage applies** including:
 - Street address of the businesses insured under the policy, name of the underwriter, policy number
 - The proof of insurance may name individuals, specifying the number of individuals covered or contain words to confirm all employees are covered. **If individuals are not named in the document, the certificate MUST** be accompanied by a letter from the business owner (or regional manager where appropriate) that confirms the employment of the opticians who are covered by the policy
 - **Explicit verification to show insurance liability at least \$1,000,000.00 per occurrence, i.e.**


- The proof of insurance must show the words “per occurrence” for the coverage.
- The alternative choice, “each claim”, is also acceptable.
- The expiration date of the current policy including the day, month, year

 OOM also accepts the following as proof of insurance, but a certificate of insurance issued by the insurance broker is preferred:

- A letter signed by the insurance broker on company letterhead

OR


- The face sheet and declaration page of the insurance policy provided all the information requested above is present and clearly stated.

 OOM will **NOT** accept the following as proof of insurance:

- Entire insurance policies and references to lengthy policy wordings, definitions, etc.
- All certificates must be sent directly from the broker or the optician. If insurance is purchased through a third party, e.g., an association (excluding OAC), the agent/broker of record must supply a list of insured registrants to the Opticians of Manitoba on a quarterly basis.

B. Criminal Record Search Certificate

You require a Criminal Record Check **including a Vulnerable Sector search report** through the Winnipeg Police Service or your local RCMP/ Police Service every 3 years. Provide your **original Criminal Record Search Report** to OOM. If you have applied for the search online from the Winnipeg Police Service using “ePIC”, their online service, your search report will be sent by email directly to the OOM once you have shared it.

 OOM will accept an original Criminal Record Search Report that includes a Vulnerable Sector search report that is up to three years old. Photocopies will **NOT** be accepted.

C. Passport Photo

Provide one (1) original passport photo with the signature of a witness (can be anyone who knows you) on the back of the photo unless you have done so within the past five years. Staple the photo to the top right of this application form on (page1).

3. LICENSE FEE The deadline for payment of 2024 Licensing Fees is **November 01, 2023**

-
- The full year is from January 1 to December 31, 2024
 - If you license after January 1, 2024, fees are based on the number of months remaining in the year, i.e.
 - Jan 1- June 30, 100% of the fee will be charged
 - July 1- December 30, 70% of the fee will be charged

SELECT YOUR 2024 LICENSE CATEGORY/FEE FROM THE FOLLOWING:

Full-year License Fees (January 01, 2024 to December 31, 2024)

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$726.69	CL License	\$779.50	Inactive License	\$304.48
GST	\$36.33	GST	\$ 38.97	GST	\$15.22
TOTAL	\$763.02	TOTAL	\$818.47	TOTAL	\$319.70

70% of License Fees (July 01, 2024 to December 31, 2024)

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$508.68	CL License	\$545.65	Inactive License	\$213.14
GST	\$25.43	GST	\$27.28	GST	\$10.66
TOTAL	\$534.11	TOTAL	\$572.93	TOTAL	\$223.80

Two-payment Option (January 01, 2024 to December 31, 2024) – payment due on Nov. 1st

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$363.35	CL License	\$389.75	Inactive License	\$152.24
GST	\$18.17	GST	\$19.49	GST	\$7.61
Admin fee	\$20.00	Admin fee	\$ 20.00	Admin fee	\$20.00
TOTAL	\$401.52	TOTAL	\$429.24	TOTAL	\$179.85

Two-payment Option (January 01, 2024 to December 31, 2024) – payment due on Jan. 1st

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$363.35	CL License	\$389.75	Inactive License	\$152.24
GST	\$18.17	GST	\$19.49	GST	\$7.61
Admin fee	\$20.00	Admin fee	\$20.00	Admin fee	\$20.00
TOTAL	\$401.52	TOTAL	\$429.24	TOTAL	\$179.85

METHOD OF PAYMENT

- You may choose to make a single payment for your 2024 license or two payments. Make payment(s) using one of the following:
 - Money Order** (Please make payable to the Opticians of Manitoba)
 - Company / Business Cheque** (Please make payable to the Opticians of Manitoba)

- **Credit Card** (complete the authorization below or pay by phone at 204- 222-8404)
- **E-Transfer -Transfer** you must use this question in your **E-Transfer message box** "**What does OOM stand for?**" when sending your e-transfer. This way we can answer and complete the transfer. If you do not include **this question** we cannot open the transfer, and your fees cannot be transferred. Send E-Transfer to oom@optm.ca.



Two-Payment Option: Send cheques, credit card information and e-transfers for both payments. The first cheque must be dated no later than November 1, 2023 and the second January 01, 2024. Credit card payments will be processed as soon as possible after November 1, 2023, and again after January 01, 2024.

4. PAYMENT AGREEMENT

I chose to a single payment two payments (plus \$20.00 admin fee)

make: Cheque(s) Money order/bank draft

Payment is E-Transfer indicate dates(s) _____

In the sum of \$ _____

OR

Credit Card Authorization for a Single Payment

Visa MasterCard

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

Credit card #: _____ Expirydate _____/_____

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

Signature of cardholder: _____

OR

IF YOU ARE MAKING 2 PAYMENTS:

I authorize the Opticians of Manitoba upon receipt of this application to charge my credit card in the **amount of \$** _____ on November 1, 2023.

and

on January 01, 2024 to charge the same credit card in the amount of \$ _____

If you decide to use a credit card which is different from the card you initially authorized for your second payment and fail to notify the OOM of the change prior to January 01, 2024, the day that the second payment is due to be processed and your card is declined, you will be **required to pay a \$100.00 declined card fee.**

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, policies, Code of Ethics and Standards of Practice, it is understood that said monies will be promptly refunded.



Application forms **CANNOT** be faxed. The renewal/application forms are now fillable in the PDF provided to you. You may sign with electronic signatures where required and submit via email as a PDF (**No other format will be accepted**). In the alternative you may fill in the form electronically, print off and sign in pen where required or fill in the entire form by pen; both alternatives must be submitted by regular mail or drop off.

5. DELIVERY

Mail: The Application for Licence forms with all required documents and fees to:

Opticians of Manitoba

215 – 1080 Portage Avenue,
CNIB Building 2nd Floor,
Winnipeg, Manitoba Canada R3G 3M3
Phone: 204-222-8404

Email: OOM@optm.ca in PDF format, other formats will not be accepted. And if you need to include a new photo or criminal record check then mail in or drop off. Emailing will not work. We use Adobe e-sign for our signatures.

Hand deliver: A drop off box is available in the reception area of the CNIB building which is open on Monday to Friday 8:30am - 4:30pm. The OOM office is open Monday to Friday 8:30am - 4:30pm. A locked mailbox is located outside the back door of the CNIB – checked daily during the workday but **not** on evenings, weekends, and holidays. OOM office it available for drop ins, only by appointment.



6. DECLARATION

This **must be signed** below. You must also complete and sign **Appendix A (on pages 8 & 9) if you are Active** or **Appendix B (on page 10) if you are Inactive**.

I do solemnly swear that:

A. 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.

B. 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.

C. I, having read the applicable Acts of Manitoba, OOM bylaws, policies, 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.

Dated at the city of _____ in the province of, _____.

this _____ day of the month of _____ in the year 202____.

Signature: _____

PLEASE PRINT YOUR NAME BELOW AS YOU WANT IT TO APPEAR ON YOUR LICENCE:

LICENSE - APPENDIX A

ACTIVE OPTICIAN DECLARATION

In the following questions, "*offence*" includes any criminal offence and any offence under:

- The Criminal Code of Canada
- The Income Tax Act
- The Excise Tax Act
- Any legislation where you have been convicted or pleaded guilty to an indictable offence
- Any narcotic or controlled substance legislation in any jurisdiction
- The Highways Act or Traffic laws for offences such as impaired driving, dangerous driving, driving while suspended, refusing to give a breath or blood sample, or failing to stop at the scene of an accident. **THESE ARE ALL MAJOR OFFENCES WHICH MUST BE DISCLOSED.** You need not disclose minor traffic offences, such as parking violations
- **For every yes answer,** provide a detailed explanation and include copies of relevant documents, e.g. conviction, indictment or summons forms; conditional or absolute discharge orders; other court orders and records.
- **If you have been granted a pardon for a past conviction,** enclose a copy of the pardon document.

1. Have you ever pleaded guilty to, or been found guilty of any offence? YES NO
2. Have you ever pleaded no contest or made any similar plea to any charge? YES NO
3. Are there any charges now pending against you for any offence? YES NO
4. Have you ever been charged or arrested for any offence? YES NO
5. Have you ever entered a diversion program or other resolution process as an alternative to conviction or prosecution for an offence? YES NO
6. Have you been convicted of criminal offence in the last 5 years? YES NO
7. Have you ever been or are you now the subject of any restriction, termination or suspension of your ability to work in any profession or occupation, or in any setting? YES NO

8. Has your name ever been or is it now entered into the adult abuse registry?

YES NO

- Have you ever received notice of the Adult Abuse Registrar's intent to enter your name into the Adult Abuse Registry? YES NO

9. Has your name ever or is it now, entered into the Child Abuse Registry?

YES NO

- Have you ever received notice of a child protection agency's intent to enter your name into the Child Abuse Registry? YES NO



THE FOLLOWING MUST BE SIGNED:

I do solemnly swear that I have completed this declaration 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.

Dated at the City of _____ in the Province of Manitoba, this

_____ day of the month of _____ in the year 202__

Signature: _____

LICENSE - APPENDIX B

INACTIVE OPTICIAN 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 LICENSED (DISPENSING) OPTICIAN OR A CONTACT LENS LICENSED 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 INACTIVE (NON-PRACTICING) TO ACTIVE (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)

(Printed Name)

(Complete Address)

LICENSE - APPENDIX C

CERTIFICATE OF BEING INSURED UNDER A PROFESSIONAL LIABILITY INSURANCE POLICY

A. Personal Information: License #: _____

 FIRST NAME MIDDLE NAME LAST NAME

B. Policy Details:
 Name of Insurance Company: _____ Policy Number: _____

Policy Amount: _____

Does the policy state " Professional Liability Insurance" ? Yes No

If No, identify the type of insurance policy it is: _____

B. Declaration and Acknowledgment to be Completed and Signed by the Optician:

I, _____
PLEASE PRINT NAME

hereby certify to the Opticians of Manitoba that I am insured under a professional liability insurance policy with policy limits of not less than \$1,000,000. This policy is in full force and in effect as of

 Date

AND

I hereby undertake to the Opticians of Manitoba that, in the event this policy is due to expire prior to December 31, 2024 I will either renew or replace the policy prior to the expiry date with one that contains policy limits of not less than 1,000,000 and that will not expire prior to December 31, 2024 and that I will submit the new policy to the Opticians of Manitoba no later than the date that the current policy on file with the Opticians of Manitoba expires.

AND

I understand and acknowledge that making a false statement may be considered an act of Professional Misconduct under the Code of Ethics of the Opticians of Manitoba Yes No

Optician's Signature: _____ **Date:** _____
 First Name Middle Name Last Name

LICENSE – APPENDIX D

CONTACT INFORMATION DECLARATION MUST BE COMPLETED FOR LICENSURE

The OOM is moving toward a paperless system to be more environmentally friendly. We encourage you to choose to have information sent to you by email however you may choose regular mail. When correspondence is sent out in either form you will be deemed to have received it so, please make sure you are selecting the contact information that works best for you. Be advised the information being sent out may include confidential information, e.g., complaint letter, or other regulatory information such as applications. By signing your name to this document, you will be declaring that the contact information you provide us is your primary contact information. **Furthermore, you must contact the OOM to update any changes in your contact information as well as place of employment with in 14 days of the change.** Please note that Opticians who request that correspondence be sent to them in hard copy format will be charged a fee of \$30.00 per year to cover the costs of printing and mailing. This fee can be submitted with this form, by certified personal cheque, company/business cheque, money order or can be paid over the phone by credit card. Please call 204-222-8404 or email oom@optm.ca for assistance.

HARD COPY (\$30.00 per year)

ELECTRONIC COPY (FREE)

(Name of Optician) _____

Licence Number _____

(Primary contact mailing address and email):

(Town or City): _____, Manitoba _____ Postal Code _____

Primary Email: _____

THE FOLLOWING MUST BE SIGNED:

I do solemnly swear that I have completed this declaration 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*.

Dated at the City of _____ in the Province of Manitoba this day of the month _____ in the year 202__.

Signature: _____

Hard Copy Credit Card Authorization

Visa

MasterCard

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: _____