

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

APPLICATION FOR LICENSE FORM

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

I am applying/renewing to become licensed as a: 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"/> Certificate of Completion of Jurisprudence module

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: _____

Preferred phone(s): (check one): Personal Land Business Land Personal Cell Business Cell

Send mail to (check one): Personal address Business address Personal email address Business email address

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 to be shared with other optician regulators 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 OAC insurance OR you will be using your employer's or your private insurance:

YES I am planning to purchase OAC Errors and Omissions Insurance for 2020

A copy of your OAC insurance certificate must be submitted by the OOM with your 2020 license application Please note: The OAC does not send your insurance certificates to the OOM. It is the responsibility of the optician to do so. 2020 licenses will not be sent to applicants until they have submitted their OAC insurance certificate.

YES I am planning to use my employer's or my privately purchased insurance

You must submit the following with your 2020 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 of 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.
- Certificates of insurance provided through third parties. All certificates must be sent directly from the broker or the optician. If insurance is purchased through a third party, e.g. an association, 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 Station every 3 years. Provide your original Criminal Record Search Report to OOM .If you have applied for the search on line from the Winnipeg Police Service **using "e PIC"**, their online service, your search report will be sent by email directly to the OOM.



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.

_____ Submitted on Epic Date submitted _____
 _____ Submitted through other service - document attached

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 2020 Licensing Fees is November 01, 2019

- The full year is from January 1 to December 31, 2020
- If you license after January 1, 2020 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 2019 LICENSE CATEGORY/FEE FROM THE FOLLOWING:
Full-year License Fees (January 01, 2020 to December 31, 2020)

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$665.03	CL License	\$713.35	Inactive License	\$287.00
GST	\$33.25	GST	\$ 35.67	GST	\$14.35
TOTAL	\$698.28	TOTAL	\$749.02	TOTAL	\$301.35

70% of License Fees (July 01, 2020 to December 31, 2020)

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$465.52	CL License	\$499.34	Inactive License	\$200.89
GST	\$23.28	GST	\$24.97	GST	\$10.04
TOTAL	\$488.80	TOTAL	\$524.31	TOTAL	\$210.93

Two-payment Option (January 01, 2020 to December 31, 2020) – First payment due on Nov 1st

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$332.51	CL License	\$356.67	Inactive License	\$143.50
GST	\$16.63	GST	\$17.83	GST	\$7.18
Admin fee	\$20.00	Admin fee	\$ 20.00	Admin fee	\$20.00
TOTAL	\$369.14	TOTAL	\$394.50	TOTAL	\$170.68

Two-payment Option (January 01, 2020 to December 31, 2020) – second payment due on Jan. 1st

<input type="checkbox"/> LICENSED OPTICIAN		<input type="checkbox"/> CONTACT LENS OPTICIAN		<input type="checkbox"/> INACTIVE	
Optician's License	\$338.98	CL License	\$356.67	Inactive License	\$143.50
GST	\$16.95	GST	\$17.85	GST	\$7.18
Admin fee	-	Admin fee	-	Admin fee	-
TOTAL	\$355.93	TOTAL	\$374.5	TOTAL	\$15.68 <input type="checkbox"/>

METHOD OF PAYMENT

- You may choose to make a single payment for your 2019 license or two payments. Make payment(s) using one of the following :
 - Money Order** (Please make payable to the Opticians of Manitoba)
 - Certified Personal Cheque** (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)



Two-Payment Option: Divide the total amount owed in half. Add the \$20.00 Administration fee to the first payment. Send cheques or credit card information for both payments. The first cheque must be dated no later than November 1, 2019 and the second January 01, 2020. Credit card payments will be processed as soon as possible after November 1, 2019 and again after January 02, 2020.

4. PAYMENT AGREEMENT

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

Attached is: Cheque(s) Money order / bank draft

For 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 number: _____ Expirydate _____ / _____ card

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, 2019

and

on January 02, 2020 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 02, 2020, 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 or emailed as original signatures are required.

5. DELIVERY

Mail or hand-deliver the Application for Licence forms with all required documents and fees to:

Registrar, Opticians of Manitoba

215 – 1080 Portage Avenue, CNIB Building 2nd Floor, Winnipeg, Manitoba Canada R3G 3M3

Phone: 204-222-8404



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 Opticians 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 2019.

Signature: _____

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

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 2019.

Signature: _____

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)

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)

 (Complete Address)



CERTIFICATE OF BEING INSURED UNDER A PROFESSIONAL LIABILITY INSURANCE POLICY

(to be completed and submitted only if you are not purchasing membership in the OAC and therefore you will not have the insurance coverage through an OAC membership and you are using your employer's insurance or purchasing your own insurance from another insurance company)

A. Personal Information: License Number

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: _____

C. 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 31,2019 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, 2019 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:** _____

Witness : _____ **License number:** _____
First Name Middle Name Last Name (if licensed by the OOM)

Address: _____
Street Name and Number Unit /Apt no. PO Box City Province Postal Code

Phone: _____ **Email address:** _____

Signature of Witness: _____

Please note: If your current insurance certificate expires December 31, 2019 a new certificate of being insured must be provided as part of your 2020 license renewal unless you sign and submit the Inactive Declaration stating that you will not engage in the practice of opticianry in 2020.
Please mail (DO NOT FAX OR EMAIL) this form as original signatures are required, with your 2020 application forms to the Opticians of Manitoba at 215 -1080 Portage Avenue, Winnipeg, MB R3G 3M3