



The Opticians of Manitoba  
"Our Focus Is Your Eyesight"

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

**APPLICATION FOR LICENSE FORM 2021**

- 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 #** \_\_\_\_\_      **Active:** \_\_\_\_\_  
 Licensed Optician – Eyeglass Dispensing       Contact Lens Licensed Optician      **Inactive:** \_\_\_\_\_

**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 phones: (check one): \_\_\_\_\_ Personal Land    \_\_\_\_\_ Business Land    \_\_\_\_\_ Personal Cell    \_\_\_\_\_ Business Cell

### 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**

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## 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 insurance OR you will be using your employer's:**

**YES I am planning to purchase private Insurance for 2021**

**YES I am planning to use my employer's insurance for 2021**

**You must submit the following with your 2021 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:**

**A copy of your insurance certificate must be submitted to the OOM with your 2021 license application**

**Please note:** If you use OAC for your insurer that the OAC **does not send** your insurance certificates to the OOM. It is the responsibility of the optician to do so.

- o **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**
  
- o **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 "EPIC"**, their online service, your search report will be sent by email directly to the OOM once you share it.



OOM only accepts 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 2021 Licensing Fees is November 01, 2020

- The full year is from January 1 to December 31, 2021.
- If you license after January 1, 2021 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 2020 LICENSE CATEGORY/FEE FROM THE FOLLOWING:**  
Full-year License Fees (January 01, 2021 to December 31, 2021)

<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
<b>TOTAL</b>	<b>\$698.28</b>	<b>TOTAL</b>	<b>\$749.02</b>	<b>TOTAL</b>	<b>\$301.35</b>

70% of License Fees (July 01 2021 to December 31 2021)

<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
<b>TOTAL</b>	<b>\$488.80</b>	<b>TOTAL</b>	<b>\$524.31</b>	<b>TOTAL</b>	<b>\$210.93</b>

Two-payment Option (January 01, 2021 to December 31, 2021) – 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
<b>TOTAL</b>	<b>\$369.14</b>	<b>TOTAL</b>	<b>\$394.50</b>	<b>TOTAL</b>	<b>\$170.68</b>

**Two-payment Option (January 01, 2021 to December 31, 2021) – 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	-
<b>TOTAL</b>	<b>\$355.93</b>	<b>TOTAL</b>	<b>\$374.5</b>	<b>TOTAL</b>	<b>\$ 150.68</b>

**METHOD OF PAYMENT**

- You may choose to make a single payment for your 2020 license or two payments. Make payment(s) using one of the following :
  - Money Order** (Please make payable to the Opticians of Manitoba)
  - Certified (by financial institution) 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, 2020 and the second January 01, 2021. Credit card payments will be processed as soon as possible after November 1, 2020 and again after January 01, 2021.

**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 card number : \_\_\_\_\_ 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, 2020

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, 2021, 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**

Please note the office is closed at this time due to COVID-19 and you must mail the

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

**Registrar, Opticians of Manitoba**

215 – 1080 Portage Avenue,  
CNIB Building 2<sup>nd</sup> 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 2020.

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 2020

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)



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**Appendix C**

**CERTIFICATE OF BEING INSURED UNDER A PROFESSIONAL LIABILITY INSURANCE POLICY**

To be completed by all members seeking active licensure

**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, 2020 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, 2020 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, 2020 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 2021.  
 Please mail (DO NOT FAX OR EMAIL) this form as original signatures are required, with your 2021 application forms to the Opticians of Manitoba at 215 -1080 Portage Avenue, Winnipeg, MB R3G 3M3