

APPENDIX B
Opticians of Manitoba
Application for MOC Credits
(Attach specific details as required)

Member's Name _____

Member's License Number _____

Title of Lecture/Seminar/Workshop

Name of Lecturer

Duration of Lecture/Seminar/Workshop _____

Goal of Lecture/Seminar/Workshop

Outline of Lecture/Seminar/Workshop

Verification of Attendance

I hereby verify that _____ has attended the
Lecture/seminar/workshop described above.

Signature _____

(MOC certificates are sufficient verification if the sponsor provides them.)