

APPENDIX C
Opticians of Manitoba
Application for Approval of Related Field Credits
 (Attach specific details as required)

Member's Name _____

Member's License Number _____

Name of Activity _____

Activity	Details	Number of Credits
Lecture, Seminar, Workshops and presentations	Yr.	
AGM Attendance	Yr.	
Member of Council	Yr.	
Practical Examination Examiner	Yr.	
Course Instructor	Yr.	
Course Guest Lecturer	Yr.	
Activity on Specific Committee	Committee Name & Date	
Volunteer for related Tasks	Name of Task & Date	
Performing Vision Screening at an Elementary school	Name of School & Date	
Presenting at 'Careers Day' at a school or Job Fair	Name of School / Fair & Date	
Writing an Article on Opticianry	Name of Article	
Medical Missionary Work	Location and length	
Supervision of Part –time practicum course of a student registered in an Optical Training program(500 hours)	Name of Student & Date	
Supervision of Full – time practicum course of a student registered in an Optical Training program	Name of Student & Date	

(1000 hours)		
Supervision of Full – time practicum course of a student registered in in a Contact Lens training program (250 hours)	Name of Student & Date	
Supervision of part-time practicum course of a student registered in in a Contact Lens training program (150)	Name of Student & Date	

Verification of Activity provided

I hereby verify that _____performed the activity.

Signature _____

Position _____

Date: