



INFORMATION REGARDING PREVIOUS APPLICATIONS FOR REGISTRATION

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

1. Have you applied for registration as a Licensed Optician and/or Contact Lens Licensed Optician in any other province?

- Yes No

If yes, please list:

Province: _____ Date: _____

Province: _____ Date: _____

Province: _____ Date: _____

2. Do you intend to apply for registration as a Licensed Optician or Contact Lens Licensed Optician in any other province?

- Yes No

If yes, please list province: _____

3. Have you previously completed a Competency Gap Analysis (CGA)?

- Yes No

If yes:

When did you completed the Competency Gap Analysis? _____ / _____ / _____ (Month/Day/Year)

Where did you complete the Competency Gap Analysis? _____ (Province)

For the purpose of this application for registration I authorize the Opticians of Manitoba to obtain my personal information (including but not limited to CGA results) from any regulator of Opticians in Canada and to share the personal information in this application form with any regulators of Opticians in Canada.

I authorize any regulator of opticians in Canada to release my personal information to the Opticians of Manitoba (including but not limited to CGA results).

Date: _____ Signature of Applicant: _____