Manitoba Association of Optometrists

CERTIFICATE OF STANDING

SECTION 1 – CONSENT FOR RELEASE OF INFORMATION

This Section is to be completed by the Applicant. A copy of this Consent for Release of Information is to be sent the regulatory authority (College, Board or Association) in every jurisdiction in which the Applicant has ever practised optometry or other health profession, together with a copy of the attached Certificate of Standing.

I, Dr. _____ _____
First Name Last Name

have applied to the Manitoba Association of Optometrists for a Certificate of Registration in order to engage in the practice of optometry in Manitoba.

The Manitoba Association of Optometrists, as part of its registration process, requires that a Certificate of Standing form be completed by every jurisdiction in which I was licensed and/or engaged in the **practice of optometry, or any other *health profession***. As most jurisdictions require my consent to release the requested information, I am hereby signing my permission to and irrevocably authorize and direct the

_____
[name of regulatory authority]

to provide, at my expense, the information requested by the Manitoba Association of Optometrists. I understand and accept that this means that you will be providing full disclosure of any and all information requested on the attached form or any additional information determined by the Manitoba Association of Optometrists to be relevant to my application for registration.

I acknowledge that the Manitoba Association of Optometrists has advised me that I have the right to obtain legal advice prior to executing this consent, and that I have either done so or have had sufficient opportunity to do so prior to executing this Consent for Release of Information. I am signing this document of my own free will, voluntarily and without coercion, having read it and having understood it.

IN WITNESS WHEREOF I have duly executed this Consent for Release of Information this _____ day of _____, 20____.

_____
[printed name of Applicant]

_____
[signature of Applicant]

_____
[printed name of witness]

_____
[signature of witness]

SECTION 2 – CERTIFICATE OF STANDING

This Section is to be completed by the regulatory authority and returned by the regulatory authority directly to the Manitoba Association of Optometrists at the following address:

Manitoba Association of Optometrists
217 – 530 Century Street
Winnipeg, MB R3H 0Y4

The _____
[name of regulatory authority]
records indicate the following information (where available) concerning:

Name: _____ _____
First Name Last Name

Registration Number: _____

Current primary professional address: _____

_____

1. Registration Status

(i) The Applicant has been registered / licensed in _____ from _____ (M/D/Y) to _____ (current or M/D/Y).

(ii) If the Applicant ceased to be a registered/licensed member, please specify the reasons below:

_____

_____

_____

(iii) The Applicant currently holds or previously held

a. a General Certificate / Licence from _____ (M/D/Y/) to _____(current or M/D/Y/).

b. a Temporary (Courtesy?) Certificate / Licence from _____ (M/D/Y/) to _____ (current or M/D/Y/).

c. an Academic Certificate / Licence from _____ (M/D/Y/) to _____ (current or M/D/Y/).

(iv) Does the Applicant have the authority to prescribe drugs in your jurisdiction?

☐ YES ☐ NO

(v) To the best of your knowledge, is or has the Applicant also been registered/licensed to practise of optometry or _____, or engaged in the practice of optometry or _____ in any other jurisdiction(s)?

☐ YES ☐ NO

If YES, please provide details below:

Jurisdiction	Registered/Licensed From	To
	(M/D/Y)	(M/D/Y)
	(M/D/Y)	(M/D/Y)
	(M/D/Y)	(M/D/Y)

(vi) Is the Applicant in arrears of any fees or other monies owing to your organization?

☐ YES ☐ NO

If YES, please provide details below:

_____

_____

_____

(vii) Does the Applicant have or has the Applicant ever had any restrictions, terms, conditions or limitations on his or her Certificate/Licence?

☐ YES ☐ NO

If YES, please provide details below:

_____

_____

_____

(viii) Has the Applicant ever had his or her Certificate/Licence suspended, cancelled, revoked or struck off the Register/Roll?

☐ YES ☐ NO

If YES, please provide details below:

_____

_____

_____

2. Professional Conduct Record

i. Complaints

Has your organization ever received a formal complaint about the Applicant?

☐ YES ☐ NO

If YES, please provide details of any investigations(s) that is/are in progress or have been completed by your organization with a decision, action or resolution being reached (including dismissing the complaint).

_____

_____

_____

ii. Discipline Proceedings

Has your organization ever initiated a discipline proceeding with respect to the Applicant?

☐ YES ☐ NO

If YES, please provide details of any hearing(s) that is/are in progress or have been completed by your organization with a decision / action being issued (including dismissing the allegations) or that involved the Applicant's resignation.

_____

_____

_____

iii. Fitness to Practise (including physical ailment, mental health condition or addiction)

Has your organization ever initiated a fitness to practise hearing or inquiry with respect to the Applicant?

☐ YES ☐ NO

If YES, please provide details of any hearing(s) that is/are in progress or have been completed by your organization with a decision / action being issued (including dismissing the allegations) or that involved the Applicant's resignation.

_____

_____

_____

iv. Quality Assurance Programs

Has the Applicant ever been the subject of a professional inspection other than regularly scheduled or randomly selected inspections?

☐ YES ☐ NO

If YES, please provide details of any inspection(s) that is/are in progress or have been completed by your organization with a decision / action being issued or that involved the Applicant entering into an Agreement or Undertaking with your organization.

_____

_____

_____

v. Continuing Education Requirements

Has the Applicant ever failed to be in compliance with your continuing education requirements?

☐ YES ☐ NO

If YES, please provide details of the nature of non-compliance and the action taken, if any.

_____

_____

_____

vi. Currency of Practice Requirements

Has the Applicant ever failed to be in compliance with your practice hours requirement?

☐ YES ☐ NO

If YES, please provide details of the nature of non-compliance and the action taken, if any.

_____

_____

_____

vii. Agreements and Undertakings

Has the Applicant ever entered into an Agreement or Undertaking with your organization?

☐ YES ☐ NO

If YES, please provide details of the nature of the Agreement or Undertaking and the current status.

_____

_____

_____

viii. Please provide details of any other relevant information that has been reported to you.

_____

_____

_____

Are other sheets/documents attached to this form?

☐ YES ☐ NO

Certification

_____

Signature Title

_____

Signed and sealed this date