



REGISTRATION APPLICATION TO PRACTICE VETERINARY MEDICINE IN MANITOBA

Assigned License # _____

(please print)

Surname _____ Given names _____

Home Street Address _____

City/Town _____ Prov./State _____ Postal Code/Zip _____

Country _____ Fax _____

Home Telephone _____ Cell _____

Canadian Citizen: Yes No, Country of Birth: _____

Date of entry into Canada (d/m/y) _____ Date of entry into Manitoba (d/m/y) _____

Date of Birth (d/m/y) _____ Sex: M F

Proposed place of employment _____ Start date (d/m/y) _____

Proposed Business Address _____

City/Town _____ Prov./State _____ Postal Code/Zip _____

Phone _____ Fax _____

Check appropriate qualifications

I have completed:

Certificate of Qualification

NAVLE

CPE

NEB Parts A, B & C

Passed on date(d/m/y):

Are you a graduate of an accredited college prior to December 1986? Yes No

College or University of Graduation _____

Year _____ Country _____

(Please attach a copy of your transcripts or a copy of your diploma)

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I hereby authorize the jurisdictions below in which I have been previously licensed to practice veterinary medicine to release any pertinent information to the Manitoba Veterinary Medical Association:

Province/State	Country	Date (d/m/y)	
_____	_____	From _____	to _____
_____	_____	From _____	to _____
_____	_____	From _____	to _____

Other qualifications if applicable (Add pages as required) _____

Date of Application: _____ Signature _____

-----Do Not Write Below this Space: For Office Use Only -----

<i>MVMA Registration & Membership Status</i>	<i>Date (d/m/y)</i>	<i>Authorized Signature</i>
<i>Date application received</i>		
<i>Date fees paid</i>		
<i>Date temporary registration granted</i>		
<i>Date of proposed MVMA examination</i>		
<i>Date initial annual registration granted</i>		
<i>Notes:</i>		

Need to add:

- Please include a photo of yourself – head and shoulders – with your application to help us confirm identification.
- With this application, you are giving the Manitoba Veterinary Medical Association permission to proceed with a criminal record background check.

Applicant signature in acknowledgement

