



CONSULTANT MEMBERSHIP FORM

APPLICATION MUST BE RECEIVED AT LEAST 1 MONTH PRIOR TO PRACTICE IN MANITOBA

Name _____ Employer _____

Mailing Address _____

City _____ Province/State _____ Postal Code/Zip Code _____

Fax Number _____ Work Telephone _____ Home Telephone _____

College / University of DVM graduation _____ Grad year _____

Other qualifications: _____

NAVLE Date achieved: _____

Clinical Proficiency Exam Date achieved: _____

Certificate of Qualification Date achieved: _____

Provincial / State Licensing Board telephone number: _____

Date(s) to be consulting in Manitoba: _____

Location/Address where you will be working in Manitoba: _____

Name of Supervising MVMA veterinarian: _____

*The consulting veterinarian's signature on this form indicates that he/she is aware of the bylaws, practice standards and other legislation pertaining to the practice of veterinary medicine in Manitoba as a consultant. **This application must be accompanied by a letter of good standing from the consultant's provincial/state licensing board.***

Date: _____ Consultant's signature: _____

Enclosed fee = \$228.72

Cheque enclosed

+ \$50.00 Legal fee

Charge \$278.72 & \$13.94 GST to my ___ Visa ___ MasterCard

Credit card #: _____

Exp. date: _____ CVV 3-Digit# _____ Name on card _____

Authorized signature: _____

Office Use only:

_____ letter of good standing provided

Contact Licensing Board _____

Contact Supervising Veterinarian _____

MVMA Registrar's SIGNATURE: _____ Date: _____

Manitoba Veterinary Medical Association 1590 Inkster Blvd. Winnipeg, MB R2X 2W4

Toll-free (Manitoba): 1-866-338-6862 Ph: 204-832-1276 Fax: 204-832-1382 www.mvma.ca