



MVMA VETERINARIAN REGISTRATION APPLICATION TO PRACTICE VETERINARY MEDICINE IN MANITOBA

MVMA Office: Assigned License # _____

(Please print)

A	<p>Surname _____ Given names _____</p> <p>Home street address _____</p> <p>City/Town _____ Prov./State _____</p> <p>Postal code/Zip _____ Country _____</p> <p>Home telephone #_() _____ Cell #_() _____</p> <p>Email: _____</p> <p>Canadian citizen: <input type="radio"/> Yes <input type="radio"/> No, country of birth: _____</p> <p>Date of entry into Canada (d/m/y) _____</p> <p>Date of entry into Manitoba (d/m/y) _____</p> <p>Date of birth (d/m/y) _____ Sex: <input type="radio"/> F <input type="radio"/> M</p>		
B	<p>Proposed place of employment _____ Start date (d/m/y) _____</p> <p>Proposed business address _____</p> <p>City/Town _____ Prov./State _____</p> <p>Postal Code _____ Phone: (204) _____ Fax# (204) _____</p>		
C	<p>Check appropriate qualifications</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>I have completed:</p> <p><input type="radio"/> Certificate of Qualification</p> <p><input type="radio"/> NAVLE</p> <p><input type="radio"/> CPE</p> <p><input type="radio"/> NEB Parts A, B & C</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Passed on date (d/m/y):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p>I have completed:</p> <p><input type="radio"/> Certificate of Qualification</p> <p><input type="radio"/> NAVLE</p> <p><input type="radio"/> CPE</p> <p><input type="radio"/> NEB Parts A, B & C</p>	<p>Passed on date (d/m/y):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>I have completed:</p> <p><input type="radio"/> Certificate of Qualification</p> <p><input type="radio"/> NAVLE</p> <p><input type="radio"/> CPE</p> <p><input type="radio"/> NEB Parts A, B & C</p>	<p>Passed on date (d/m/y):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
D	<p>Did you graduate from a veterinary college before December 1986? <input type="radio"/> Yes <input type="radio"/> No</p> <p>College or University of graduation _____</p> <p>Year _____ Country _____</p> <p>(Please attach a copy of your transcripts or a copy of your diploma)</p>		

E

With this application, please include a photo of yourself (head and shoulders) to confirm your identification.

Check to confirm inclusion of picture.

F

Along with this application you must provide letters of standing for all jurisdictions that you have practiced in. Please list these jurisdictions below. I hereby authorize the jurisdictions below in which to release any pertinent information to the Manitoba Veterinary Medical Association:

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*): _____

G

Place of Employment: _____

I am:

- an Associate (employed by clinic)
- a Clinic owner (part/whole owner of clinic)
- other (i.e.: consultant, government)
- not currently employed as a veterinarian.
- currently working locum(s) at this clinic(s): _____
- applying for Short Term membership only - start date: _____

You are required to advise the MVMA of any changes to your mailing address and/or place of employment.

H

Work and Mailing address

Work Address: _____

City: _____ Province: _____ Postal Code: _____

Work Telephone: _____ Work Fax: _____

Home Telephone: _____ Cell Phone: _____

Email address (please print): _____

Mailing Address (if different than above): _____

City: _____ Province: _____ Postal Code: _____

Note: Your mailing address is used for MVMA communication including confidential correspondence. If one isn't provided, we default to your work address.

<p style="text-align: center; font-size: 2em; font-weight: bold;">I</p>	<p>By receiving your MVMA information via email, you help cut down on paper consumption, MVMA administrative and postal costs.</p> <ul style="list-style-type: none"> • Receive invitations to our top-notch continuing education sessions directly. • Instantly access links connecting you to the latest in Manitoba's veterinary events, news, reports and materials. <p>We promise not to spam you; providing only the information that is important to you and other MVMA members. If you do not wish to receive emails from the MVMA, you can immediately and easily opt out by emailing or phoning us.</p> <p><input type="radio"/> Send me MVMA information, via email including invitations to CE, professional events, News & Views e-magazine and The Post: MVMA's veterinary news bulletin.</p> <p><input type="radio"/> Do not send me any MVMA information via email.</p>
<p style="text-align: center; font-size: 2em; font-weight: bold;">J</p>	<p>Please indicate the type of MVMA Annual License you require:</p> <p><input type="radio"/> General Veterinarian Member <input type="radio"/> General Veterinarian Member- Short Term (3 months)</p> <p><input type="radio"/> Public Veterinarian Member <input type="radio"/> Academic Veterinarian Member</p> <p><input type="radio"/> Educational Veterinarian Member <input type="radio"/> Limited License Public Veterinarian Member</p> <p><input type="radio"/> Emergency Veterinarian Member <input type="radio"/> Associate Veterinarian Member</p>
<p style="text-align: center; font-size: 2em; font-weight: bold;">K</p>	<p>If you are a General Member practicing in one of the following categories, please indicate practice type:</p> <p><input type="radio"/> Large Animal Hospital/Clinic <input type="radio"/> Large Animal Ambulatory <input type="radio"/> Small Animal Hospital/Clinic</p> <p><input type="radio"/> Small Animal Emergency Clinic <input type="radio"/> Small Animal Ambulatory <input type="radio"/> Embryo Transfer Facility</p> <p><input type="radio"/> Ferret Spay, Neuter & Descending Practice <input type="radio"/> Consulting</p> <p><input type="radio"/> Provincial Government <input type="radio"/> Federal Government <input type="radio"/> Other _____</p>
<p style="text-align: center; font-size: 2em; font-weight: bold;">L</p>	<p>Please indicate if you have achieved the title of Diplomate in an area of specialty.</p> <p><input type="radio"/> YES, I am a Diplomate. Area of Specialty: _____</p> <p>Please submit a copy of your Diplomate credentials if this is your first time applying to the MVMA as a Diplomate.</p>
<p style="text-align: center; font-size: 2em; font-weight: bold;">M</p>	<p>Please indicate if you are interested in volunteering on one of the various MVMA committees or Council.</p> <p><input type="radio"/> YES, I am interested in volunteering. Please contact me with more information.</p>

N

Please indicate if you are interested in being a media contact for the MVMA, type of media you will speak to, and topics you are comfortable speaking on.

YES, contact me as media representative for the MVMA (leave blank if you do not want to be a media contact).

Type of media (television (live and/or taped), radio, newspaper) _____

Preferred Topics _____

I would be interested in attending a media training session.

O

Your place of employment, year of graduation, veterinary school and practice type (see box E) are included in the *MVMA Membership Directory* which is distributed at no charge to MVMA members, the CVMA, other provincial VMA offices, universities and government researchers. Some of this data is also used on the MVMA Website for "Find a Veterinarian". Please indicate below your preference for inclusion in the Membership Directory.

INCLUDE me in the MVMA Membership Directory (no personal/home data is provided).

DO NOT include me in the MVMA Membership Directory.

P

The MVMA Continuing Education By-law has been amended. Members are required to complete 15 hours of CE by November 30, 2019. Any additional hours (up to 15 hours) earned in 2019 can be carried forward to 2020.

***I HEREBY CERTIFY** that I earned _____ credit hours of MVMA approved continuing education from December 1, 2018 – November 30, 2019*

***I HEREBY CERTIFY** that I am carrying forward _____ credit hours from 2019 to be added to my 2020 total.*

Signature: _____

Q

I understand that, as a condition of licensure, the MVMA requires that a licensed member have professional liability insurance in an amount deemed reasonable by the scope of their practice. (NOTE: In some cases professional liability insurance is carried for veterinarians by the clinic owner or government employer. If this is not the case, professional liability insurance is the individual responsibility of the veterinarian). I further understand the Registrar can demand, at any time, a copy of such insurance be delivered to the MVMA office.

Policy carrier: _____ Policy #: _____

Expiry Date: _____

***I HEREBY CERTIFY** that I am covered by a professional liability insurance policy that is current and deemed adequate by me and my insurance provider, and I shall ensure its renewal upon expiry for so long as I practice veterinary medicine in Manitoba.*

OR

My scope of practice does not require professional liability insurance because (please specify why):

Signature: _____

R

I understand that the provision of false information in any part of this document is Professional Misconduct.

I HEREBY CERTIFY that all of the information contained herein is true, correct and complete.

Signature: _____ Date: _____

2019 Manitoba Veterinary Medical Association Fees

License Category	Fee	Legal & Marketing	GST 5%	CVMA Fees	CVMA GST 5%	Total
General Member (CMVA paid by MVMA)	937.73	50.00	49.39	312.00	15.60	1,364.72
General Member * (CMVA paid by other VMA)	937.73	50.00	49.39	-	-	1,037.12
General Member - Short term (30% of 937.73) (CVMA Paid by MVMA)	281.32	50.00	16.57	312.00	15.60	675.49
Public Member (CVMA Paid by MVMA)	834.16	50.00	44.21	312.00	15.60	1,255.97
Limited License Public member	834.16	50.00	44.21	-	-	928.37
Academic Member (CVMA Paid by MVMA)	834.16	50.00	44.21	312.00	15.60	1,255.97
Educational Member (CVMA Paid by MVMA)	834.16	50.00	44.21	312.00	15.60	1,255.97
Associate Member (CVMA paid by MVMA)	388.95	-	19.45	312.00	15.60	736.00
Associate Member* (CVMA paid by other VMA)	388.95	-	19.45	-	-	408.40

*The MVMA will confirm CVMA membership for those registering in these categories.

Please note: if you are a Recent Graduate, Postgraduate Education Member, Retired Member, Provincial Life Member, Provincial Honourary Member, Maternity / Parental Leave Member or Illness / Disability Leave Member you may qualify for a rebate from CVMA. Contact CVMA directly at 1-800-567-2862 for your refund.

Your Payment Options (MVMA GST #R107660946)

Cheque enclosed in the amount of \$ _____ made payable to the Manitoba Veterinary Medical Association.

Credit Card Payment in the amount of \$ _____

- Visa
 MasterCard

Card# _____ Name on Card _____

Expiry Date _____ CCV 3-Digit# _____ Signature _____

**Please complete this membership form in its entirety.
Return this form with your cheque or Visa/MasterCard
authorization information to:**

Manitoba Veterinary Medical Association
1590 Inkster Blvd.
Winnipeg, Manitoba
R2X 2W4
Fax: 204-832-1382



Questions/Concerns? Manitoba Toll-free: 1-866-338-6862 or 204-832-1276

Date of Application (d/m/y): _____ 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>		

Notes:

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

Toll-free (Manitoba) 1-866-388-MVMA (6862) T: 204-832-1276 F: 204-832-1382 www.mvma.ca

