



# MVMA VETERINARIAN REGISTRATION APPLICATION TO PRACTICE VETERINARY MEDICINE IN MANITOBA

(Please print)

<b>Identifying Information</b>	<b>A</b>	<p>Surname _____ Given names _____</p> <p>Date of birth (d/m/y) _____ Sex: F <input type="radio"/> M <input type="radio"/> Other <input type="radio"/></p> <p>Canadian citizen: Yes <input type="radio"/> No <input type="radio"/> Country of birth: _____</p> <p><b>You must include a copy of a valid government issued photo identification with this application.</b> (Drivers licence, passport, etc)</p>
<b>Membership Type</b>	<b>B</b>	<p><b>I am applying for the following membership type:</b></p> <p><input type="radio"/> General Veterinarian Member      <input type="radio"/> Academic Veterinarian Member</p> <p><input type="radio"/> Public Veterinarian Member      <input type="radio"/> Limited Licence Public Veterinarian Member</p> <p><input type="radio"/> Educational Veterinarian Member      <input type="radio"/> Restricted General Veterinarian Member</p> <p><input type="radio"/> Associate Veterinarian Member      <input type="radio"/> General Veterinarian Member-Short Term (3 Months)</p> <p><b>Check period(s) for which licensure requested</b></p> <p><input type="radio"/> January 1-March 31</p> <p><input type="radio"/> April 1- June 30</p> <p><input type="radio"/> July 1- September 30</p> <p><input type="radio"/> October 1- December 31</p> <p><i>*For more information about membership types, please review the MVMA membership type policy on the MVMA website.</i></p>
<b>Contact Information</b>	<b>C</b>	<p><b>Home Information</b></p> <p>Home street address _____</p> <p>City/Town _____</p> <p>Prov./State _____</p> <p>Postal code/Zip _____ Country _____</p> <p>Home telephone #_( ) _____ Cell #_( ) _____</p> <p>Email: _____</p> <p>Home Mailing Address (if different than above): _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p><b>You are required to advise the MVMA of any changes to your mailing address.</b></p>

Contact Information	<b>D</b>	<p><b>Anticipated Employment</b> Do you, upon licensure, have a specific employment arranged?</p> <p><input type="radio"/> Yes <input type="radio"/> No (skip to Section G)</p> <p><b>Upon licensure I intend to practice veterinary medicine:</b></p> <p><input type="radio"/> As an employee and/or owner of the following clinic(s): _____</p> <p><input type="radio"/> As a government worker: _____</p> <p><input type="radio"/> Through a locum at the following clinic(s): _____</p> <p><input type="radio"/> Other (please specify): _____</p>
Contact Information	<b>E</b>	<p>Anticipated Work Address: _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p>Work Telephone: _____ Work Fax: _____</p> <p>Home Telephone: _____ Cell Phone: _____</p> <p>Email address (please print): _____</p> <p>Anticipated Work Mailing Address (if different than above): _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p><b>You are required to advise the MVMA of any changes to your employment.</b></p>
Contact Information	<b>F</b>	<p><b>Your email and mailing address is used for MVMA communication including confidential correspondence. I prefer that information be sent to:</b></p> <p><input type="radio"/> My home email and mailing address</p> <p><input type="radio"/> My work email and mailing address</p>
Qualification	<b>G</b>	<p><b>Please check all that apply</b></p> <p><input type="radio"/> Prior to 1986, I graduated from a CVMA or AVMA accredited school</p> <p><input type="radio"/> I hold a valid Certificate of Qualification from the CVMA National Examining Board</p> <p><input type="radio"/> I am currently licenced as a veterinarian in another regulated Canadian jurisdiction.</p> <p><input type="radio"/> I am a graduate of an educational institution that is not accredited by the CVMA or AVMA and am in the process of obtaining a Certificate of Qualification from the CVMA National Examining Board. I have successfully completed the following exam(s):</p> <p><input type="radio"/> The Basic and Clinical Sciences Examinations (BCSE)</p> <p><input type="radio"/> The North American Veterinary Licensing Examination (NAVLE)</p> <p><input type="radio"/> The Preliminary Surgical Assessment (PSA)</p> <p><input type="radio"/> The Clinical Proficiency Examination (CPE)</p>

Qualification	<b>H</b>	College or University of graduation _____ Year _____ Country _____ <b>You must include a copy of your diploma or transcript with this application</b>												
Qualification	<b>I</b>	<p><b>I have practiced or am currently practicing veterinary medicine in another regulated jurisdiction.</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Skip to Section J)</p> <p>Please list these jurisdictions below.</p> <p>I hereby authorize the jurisdictions below in which I have been previously licenced to practice veterinary medicine to release any pertinent information to the MVMA:</p> <table border="0"> <thead> <tr> <th>Province/State</th> <th>Country</th> <th>Date (d/m/y)</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>From _____ to _____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>From _____ to _____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>From _____ to _____</td> </tr> </tbody> </table> <p><input type="radio"/> I have been licenced to practice veterinary medicine in additional regulated jurisdictions. I have attached an additional page that contains this information.</p> <p><b>You must have letters of standing sent from every regulated jurisdiction in which you have practiced veterinary medicine.</b></p>	Province/State	Country	Date (d/m/y)	1. _____	_____	From _____ to _____	2. _____	_____	From _____ to _____	3. _____	_____	From _____ to _____
Province/State	Country	Date (d/m/y)												
1. _____	_____	From _____ to _____												
2. _____	_____	From _____ to _____												
3. _____	_____	From _____ to _____												
Qualification	<b>J</b>	<p>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. It is the responsibility of each individual veterinarian to ensure that they hold adequate professional liability insurance). I further understand the Registrar can demand, at any time, a copy of such insurance be delivered to the MVMA office.</p> <p>Policy carrier: _____ Policy #: _____</p> <p>Expiry Date: _____</p> <p><input type="radio"/> <b>I HEREBY CERTIFY</b> that I am covered by a professional liability insurance policy that is current and adequate, and I shall maintain adequate professional liability insurance for so long as I practice veterinary medicine in Manitoba.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="radio"/> My scope of practice does not require professional liability insurance because (please specify why): _____</p> <p>Signature: _____</p>												

Qualification	<b>K</b>	<p>I understand that the MVMA has continuing education requirements. Generally speaking, members are required to complete 15 hours of CE by November 30th of a given year. Any additional hours earned during this time period (to a maximum of 15 hours) carried forward into the following reporting period. For more information about Continuing Education requirements, please review the MVMA Continuing Education Policy on the MVMA website.</p> <p><b>I HEREBY CERTIFY</b> that I earned _____ credit hours of MVMA approved continuing education from December 1 to the date of this application.</p> <p><b>Signature:</b> _____</p>																					
Qualification	<b>L</b>	<p>Membership with the Canadian Veterinary Medical Association is required to obtain membership with the MVMA.</p> <p><input type="radio"/> I am already a member of the CVMA and have attached evidence of CVMA membership to this application</p> <p><input type="radio"/> I am not currently a member of the CVMA. I understand that the MVMA will invoice me on behalf of the CVMA to collect the CVMA membership fee</p>																					
Qualification	<b>M</b>	<p>Please answer the following 6 questions. For each question that you answer in the affirmative (yes), please attach all relevant information to this application.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Have you ever, as a member of a professional or other organization, had disciplinary action commenced against you, or been censured, suspended or disqualified?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Have you ever been denied, or had revoked, a license or permit supported by a requirement of proof of good character?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Have you ever been refused registration as a licensed or registered professional in any jurisdiction?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Have you ever been imprisoned for failing to obey a court order?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Have you ever been charged, in Canada or elsewhere, with any crime, offence or delinquency under a statute or ordinance (excluding parking or speeding tickets if you have received fewer than five such tickets in the last three years)?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <p><b>Signature:</b> _____</p>		Yes	No	While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?	<input type="radio"/>	<input type="radio"/>	Have you ever, as a member of a professional or other organization, had disciplinary action commenced against you, or been censured, suspended or disqualified?	<input type="radio"/>	<input type="radio"/>	Have you ever been denied, or had revoked, a license or permit supported by a requirement of proof of good character?	<input type="radio"/>	<input type="radio"/>	Have you ever been refused registration as a licensed or registered professional in any jurisdiction?	<input type="radio"/>	<input type="radio"/>	Have you ever been imprisoned for failing to obey a court order?	<input type="radio"/>	<input type="radio"/>	Have you ever been charged, in Canada or elsewhere, with any crime, offence or delinquency under a statute or ordinance (excluding parking or speeding tickets if you have received fewer than five such tickets in the last three years)?	<input type="radio"/>	<input type="radio"/>
	Yes	No																					
While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?	<input type="radio"/>	<input type="radio"/>																					
Have you ever, as a member of a professional or other organization, had disciplinary action commenced against you, or been censured, suspended or disqualified?	<input type="radio"/>	<input type="radio"/>																					
Have you ever been denied, or had revoked, a license or permit supported by a requirement of proof of good character?	<input type="radio"/>	<input type="radio"/>																					
Have you ever been refused registration as a licensed or registered professional in any jurisdiction?	<input type="radio"/>	<input type="radio"/>																					
Have you ever been imprisoned for failing to obey a court order?	<input type="radio"/>	<input type="radio"/>																					
Have you ever been charged, in Canada or elsewhere, with any crime, offence or delinquency under a statute or ordinance (excluding parking or speeding tickets if you have received fewer than five such tickets in the last three years)?	<input type="radio"/>	<input type="radio"/>																					
Specialty	<b>N</b>	<p>Please indicate if you have achieved the title of Diplomate in an area of specialty.</p> <p><input type="radio"/> No, I am not a Diplomate</p> <p><input type="radio"/> <b>YES</b>, I am a Diplomate. Area of Specialty: _____</p> <p><b>Please submit a copy of your Diplomate credentials if this is your first time applying to the MVMA as a Diplomate.</b></p>																					

Association	O	<p>The MVMA respects your privacy. Please note that relevant communications and membership information will be sent to you via email. By receiving your MVMA communications via email, you help cut down on paper consumption, MVMA administrative, and postal costs.</p> <p>The MVMA also releases optional communications like The Post which contains news, job postings, CE opportunities, reports, and association updates and the MVMA's e-magazine News &amp; Views, containing reports from the president and staff, veterinary articles, and more.</p> <p><input type="radio"/> Send me optional MVMA communications, via email including The Post, News &amp; Views, and invitations to CE and professional events. We will only provide information that is important to you and other MVMA members.</p> <p><input type="radio"/> Do not send me optional communications from the MVMA via email.</p> <p>If you no longer want to receive optional emails from the MVMA, you can easily unsubscribe by emailing or calling the MVMA.</p>
Association	P	<p>Please indicate if you are interested in volunteering on one of the various MVMA committees or Council.</p> <p><input type="radio"/> <b>YES</b>, I am interested in volunteering. Please contact me with more information.</p> <p><input type="radio"/> <b>NO</b>, I am not interested in volunteering at this time.</p>
Association	Q	<p>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.</p> <p><input type="radio"/> <b>NO</b>, I am not interested at this time.</p> <p><input type="radio"/> <b>YES</b>, contact me as media representative for the MVMA (leave blank if you do not want to be a media contact).</p> <p>Type of media (television (live and/or taped), radio, newspaper) _____</p> <p>Preferred Topics _____</p>
Association	R	<p>Your place of employment, year of graduation, veterinary school and practice type (see box S) are included in the <i>MVMA Membership Directory</i>, which is distributed at no charge to MVMA members, the CVMA, other provincial VMA/College 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.</p> <p><input type="radio"/> <b>INCLUDE</b> me in the MVMA Membership Directory (no personal/home data is provided).</p> <p><input type="radio"/> <b>DO NOT</b> include me in the MVMA Membership Directory.</p>
Association	S	<p>As membership with the Canadian Veterinary Medical Association (CVMA) is mandatory, I authorize the MVMA to disclose my personal information, including but not limited to my name, contact information, education information, MVMA membership information, practice information and practice type, to the CVMA for the purpose of ensuring appropriate membership with the CVMA and supporting the work of the CVMA, so long as I hold membership with the MVMA.</p> <p><b>Signature:</b> _____</p>

<b>Association</b>	<b>T</b>	<p>If you are applying for General Membership <b>only</b>, please indicate your anticipated practice type (select 1 only):</p> <p> <input type="radio"/> Companion Animal      <input type="radio"/> Large Animal      <input type="radio"/> Mixed Practice  <input type="radio"/> Equine      <input type="radio"/> Dairy      <input type="radio"/> Swine  <input type="radio"/> Beef      <input type="radio"/> Poultry      <input type="radio"/> Consultant  <input type="radio"/> Provincial Government      <input type="radio"/> Federal Government      <input type="radio"/> Industry </p>
<b>Fees</b>	<b>U</b>	<p>I understand that upon approval of this application, I will be emailed an invoice.</p> <p>I understand that my membership and ability to practice veterinary medicine will not come into effect until payment is received in full.</p> <p><i>* Please note that the current MVMA fee schedule can be viewed on the MVMA website</i></p>
<b>Certification</b>	<b>V</b>	<p><b>I understand that the provision of false information in any part of this document may result in cancelation of the registration pursuant to section 14 of <i>The Veterinary Medical Act</i>.</b></p> <p><b>I HEREBY CERTIFY that all of the information contained herein is true, correct and complete.</b></p> <p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p>

**Please complete this membership form in its entirety.**

**Return this form to:**

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



**Please remember the following must be accompanied with your application:**

- A copy of your diploma or transcript
- A copy of your government issued photo ID
- If applicable, letters of standing sent directly from the issuing jurisdiction(s)
- If applicable, proof of your current membership with the CVMA
- If applicable, a copy of your Diplomate credentials

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

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](http://www.mvma.ca)

