



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 _____

Work Telephone _____ Work Fax _____ Home Telephone _____

Email Address _____

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: _____

Please note that the fee for this is \$299.25 (\$235.00, \$50.00 Legal Fee + gst).

You will be invoiced following approval from MVMA.