



STUDENT VETERINARIAN PRACTICE EXPERIENCE NOTIFICATION FORM

Application **MUST** be received at least 2 weeks prior to practice in Manitoba

Name _____

Membership Number: _____

Please note that prior to submitting a Practice Experience Notification Form, you must obtain a Student Membership with the MVMA. For more information, please refer to the MVMA website at <https://www.mvma.ca/veterinarian-students/>.

This Student Practice Experience is best described as:

- Employment
- Practicum
- Volunteer

Date(s) practising in Manitoba: _____

Please note that you must include an end date

PIPS Inspected Practice Name: _____

Name of Supervising MVMA Veterinarian: _____

Date: _____ Student's signature: _____

Date: _____ Supervising MVMA Veterinarian signature: _____

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