

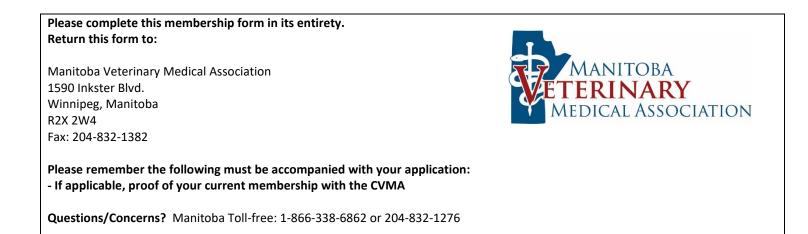
MVMA VETERINARIAN RETURN TO PRACTICE VETERINARY MEDICINE IN MANITOBA

Registrant	A	Surname	Giv	en names		
Regis		Date of birth (d/m/y)	Sex:	F O M O Other O		
	B	I am applying for the following membership type:				
Membership Type		General Veterinarian Member	0	Academic Veterinarian Member		
		O Public Veterinarian Member	0	Limited Licence Public Veterinarian Member		
		O Educational Veterinarian Member	0	Restricted General Veterinarian Member		
		O Associate Veterinarian Member	0	General Veterinarian Member-Short Term (3 Months) Check period(s) for which licensure requested		
				 January 1-March 31 April 1- June 30 July 1- September 30 October 1- December 31 		
	*For more information about membership types, please review the MVMA membership type polic on the MVMA website.					
Contact Information	C	Home Information Home street address City/Town Prov./State Prov./State Postal code/Zip Country Home telephone #_() Email: Home Mailing Address (if different than above): City: Province: Postal Code:				
Contact Information	D	Anticipated Employment Do you, upon licensure, have specific employment arranged? Yes No (skip to Section F) Upon licensure I intend to practice veterinary medicine: As an employee and/or owner of the following clinic(s):				

		Anticipated Work Address:	
Contact Information		City: Province: Postal Code:	
		Work Telephone: Work Fax:	
		Home Telephone: Cell Phone:	
		Email address (please print):	
		Anticipated Work Mailing Address (if different than above):	
		City: Province: Postal Code:	
		You are required to advise the MVMA of any changes to your employment.	
Contact Information		Your email and mailing address is used for MVMA communication including confidential correspondence. I prefer that information be sent to:	
	Г	O My home email and mailing address	
		O My work email and mailing address	
Qualification	G	My work email and mailing address 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. Policy carrier: Policy derrier: Policy carrier: Policy #: Expiry Date: Policy derrier: I HEREBY CERTIFY 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. OR My scope of practice does not require professional liability insurance because (please specify why): Signature:	
Qualification	Η	I understand that the MVMA has continuing education requirements. For more information about Continuing Education requirements, please review the MVMA Continuing Education Policy on the MVMA website. I HEREBY CERTIFY that I earned credit hours of MVMA approved continuing education from December 1 to the date of this application. Signature:	

		Membership with the Canadian Veteri MVMA.	nary Medical Association is re-	quired to obtain membership with the			
Qualification		I am already a member of the CVMA and have attached evidence of CVMA membership to this application					
Qual		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					
		Please answer the following 2 questio attach all relevant information to this		answer in the affirmative (yes), please			
Qualification				Yes No			
	J	Have you ever been charged under a Diseases Act, or The Pharmaceutical		re Act, The Animal 🔾 🔾			
		Have you ever, as a member of a pro commenced against you, or been cer					
		Signature:					
c		Please indicate if you are interested in	volunteering on one of the va	rious MVMA committees or Council.			
atio	Κ	YES , I am interested in volunteering. Please contact me with more information.					
Association		NO , I am not interested in v	blunteering at this time.				
		Please indicate if you are interested in being a media contact for the MVMA, type of media you will speak					
Association		to, and topics you are comfortable speaking on. NO , I am not interested at this time.					
	L	YES, contact me as media representative for the MVMA (leave blank if you do not want to be a media contact).					
A		O Preferred Topics					
		As membership with the Canadian Vet	erinary Medical Association (C	CVMA) is mandatory, I authorize the			
uo		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					
ciati	NЛ	CVMA for the purpose of ensuring appropriate membership with the CVMA and supporting the work of the					
Association		CVMA, so long as I hold membership	with the MVMA.				
		Signature:					
		If you are applying for General Members (select 1 only):	ership only , please indicate yo	ur anticipated practice type			
Ę	R I	Companion Animal	Large Animal	O Mixed Practice			
Association	IN	O Equine O	Dairy	O Swine			
Asso		O Beef O	Poultry	O Consultant			
		Provincial Government	Federal Government	O Industry			
				¥ .			

	I understand that upon approval of this application, I will be emailed an invoice.		
Fees		I understand that my membership and ability to practice veterinary medicine will not come into effect until payment is received in full.	
	U	* Please note that the current MVMA fee schedule can be viewed on the MVMA website	
Certification	Ρ	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> . I HEREBY CERTIFY that all of the information contained herein is true, correct and complete.	
		Applicant Signature: Date:	



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