

**MVMA VETERINARIAN RETURN
TO PRACTICE VETERINARY MEDICINE IN MANITOBA**

Registrant	A	Surname _____ Given names _____ Date of birth (d/m/y) _____ Sex: F <input type="radio"/> M <input type="radio"/> Other <input type="radio"/>																
Membership Type	B	<p>I am applying for the following membership type:</p> <table border="0"> <tr> <td><input type="radio"/> General Veterinarian Member</td> <td><input type="radio"/> Academic Veterinarian Member</td> </tr> <tr> <td><input type="radio"/> Public Veterinarian Member</td> <td><input type="radio"/> Limited Licence Public Veterinarian Member</td> </tr> <tr> <td><input type="radio"/> Educational Veterinarian Member</td> <td><input type="radio"/> Restricted General Veterinarian Member</td> </tr> <tr> <td><input type="radio"/> Associate Veterinarian Member</td> <td><input type="radio"/> General Veterinarian Member-Short Term (3 Months)</td> </tr> </table> <p>Check period(s) for which licensure requested</p> <table border="0"> <tr><td><input type="radio"/></td><td>January 1-March 31</td></tr> <tr><td><input type="radio"/></td><td>April 1- June 30</td></tr> <tr><td><input type="radio"/></td><td>July 1- September 30</td></tr> <tr><td><input type="radio"/></td><td>October 1- December 31</td></tr> </table> <p><i>*For more information about membership types, please review the MVMA membership type policy on the MVMA website.</i></p>	<input type="radio"/> General Veterinarian Member	<input type="radio"/> Academic Veterinarian Member	<input type="radio"/> Public Veterinarian Member	<input type="radio"/> Limited Licence Public Veterinarian Member	<input type="radio"/> Educational Veterinarian Member	<input type="radio"/> Restricted General Veterinarian Member	<input type="radio"/> Associate Veterinarian Member	<input type="radio"/> General Veterinarian Member-Short Term (3 Months)	<input type="radio"/>	January 1-March 31	<input type="radio"/>	April 1- June 30	<input type="radio"/>	July 1- September 30	<input type="radio"/>	October 1- December 31
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Contact Information	C	<p>Home Information</p> Home street address _____ City/Town _____ Prov./State _____ Postal code/Zip _____ Country _____ Home telephone # __ () _____ Cell # __ () _____ Email: _____ Home Mailing Address (if different than above): _____ City: _____ Province: _____ Postal Code: _____																
Contact Information	D	<p>Anticipated Employment</p> Do you, upon licensure, have specific employment arranged? <input type="radio"/> Yes <input type="radio"/> No (skip to Section F) Upon licensure I intend to practice veterinary medicine: <ul style="list-style-type: none"> <input type="radio"/> As an employee and/or owner of the following clinic(s): _____ <input type="radio"/> As a government worker: _____ <input type="radio"/> Through a locum at the following clinic(s): _____ <input type="radio"/> Other (please specify): _____ 																

Contact Information	E	<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>You are required to advise the MVMA of any changes to your employment.</p>
Contact Information	F	<p>Your email and mailing address is used for MVMA communication including confidential correspondence. I prefer that information be sent to:</p> <p><input type="radio"/> My home email and mailing address</p> <p><input type="radio"/> My work email and mailing address</p>
Qualification	G	<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"/> 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.</p> <p style="text-align: center;">OR</p> <p><input type="radio"/> My scope of practice does not require professional liability insurance because (please specify why): _____</p> <p>Signature: _____</p>
Qualification	H	<p>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.</p> <p>I HEREBY CERTIFY that I earned _____ credit hours of MVMA approved continuing education from December 1 to the date of this application.</p> <p>Signature: _____</p>

Qualification	I	<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	J	<p>Please answer the following 2 questions. For each question that you answer in the affirmative (yes), please attach all relevant information to this form.</p> <p style="text-align: right;">Yes No</p> <p>Have you ever been charged under a federal statute, <i>The Animal Care Act</i>, <i>The Animal Diseases Act</i>, or <i>The Pharmaceutical Act</i>? <input type="radio"/> <input type="radio"/></p> <p>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"/></p> <p>Signature: _____</p>
Association	K	<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> <p><input type="radio"/> NO, I am not interested in volunteering at this time.</p>
Association	L	<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"/> NO, I am not interested at this time.</p> <p><input type="radio"/> YES, contact me as media representative for the MVMA (leave blank if you do not want to be a media contact).</p> <p><input type="radio"/> Preferred Topics _____</p>
Association	M	<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>Signature: _____</p>
Association	N	<p>If you are applying for General Membership only, 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</p> <p><input type="radio"/> Equine <input type="radio"/> Dairy <input type="radio"/> Swine</p> <p><input type="radio"/> Beef <input type="radio"/> Poultry <input type="radio"/> Consultant</p> <p><input type="radio"/> Provincial Government <input type="radio"/> Federal Government <input type="radio"/> Industry</p>

Fees	O	<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>
Certification	P	<p>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>.</p> <p>I HEREBY CERTIFY that all of the information contained herein is true, correct and complete.</p> <p>Applicant Signature: _____ Date: _____</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:

- If applicable, proof of your current membership with the CVMA

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

