



MVMA VETERINARY TECHNOLOGIST RETURN TO PRACTICE VETERINARY MEDICINE IN MANITOBA

(Please print)

Identifying Information	A	<p>Surname _____ Given names _____</p> <p>Maiden name (if applicable) _____ Preferred given name (if applicable) _____</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>You must include a copy of a valid government issued photo identification with this application. <i>(Drivers licence, passport, etc)</i></p>
Membership Type	B	<p>I am applying for the following membership type:</p> <p><input type="radio"/> General Veterinary Technologist</p> <p><input type="radio"/> Restricted Veterinary Technologist (VTNE pending)</p> <p><input type="radio"/> Non-Practicing Veterinary Technologist</p>
Contact Information	C	<p>Home Information</p> <p>Home street address _____</p> <p>City/Town _____ 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>You are required to advise the MVMA of any changes to your mailing address.</p>

Contact Information	D	<p>Anticipated Employment Do you, upon registration, have specific employment arranged? <input type="radio"/> Yes <input type="radio"/> No (skip to Section F)</p> <p>If yes, anticipated work start date: _____</p> <p>Upon Registration, I intend to practice veterinary medicine as a veterinary technologist:</p> <p><input type="radio"/> As an employee 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	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 practicing registration, the MVMA requires that each Practicing Veterinary Technologist 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 veterinary technologists by the clinic owner or government employer. It is the responsibility of each individual veterinary technologist 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 am a Practicing Veterinary Technologist 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>The MVMA has continuing education requirements for practicing members. Generally speaking, members must complete 30 hours of CE over a 2-year reporting cycle. These requirements can be located on the MVMA website at https://www.mvma.ca/about-continuing-education/</p> <p>I HEREBY CERTIFY that I earned _____ credit hours of the MVMA approved continuing education from June 1 to the date of this application:</p> <p>Signature: _____</p>
Qualification	I	<p>Membership with the Manitoba Veterinary Technologists Association (MVTA) is required to obtain membership with the MVMA.</p> <p>Please note that the MVMA will collect information and fees on behalf of the MVTA.</p> <p>More information about the MVTA can be located on the MVTA's website at https://www.mymvta.ca/.</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, The Animal Diseases Act, or 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>Type of media (television (live and/or taped), radio, newspaper) _____</p> <p><input type="radio"/> Preferred Topics _____</p>
Association	M	<p>As membership with the Manitoba Veterinary Technologists Association (MVTA) 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, VTNE results, to the MVTA for the purpose of ensuring appropriate membership with the MVTA, 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"/> Other</p> <p><input type="radio"/> Provincial Government <input type="radio"/> Federal Government</p>
MVTA	O	<p>Which best describes your area of work (select one only):</p> <ul style="list-style-type: none"> <input type="radio"/> Administrative or Office ONLY Position <input type="radio"/> Educator/Instructor ONLY Position <input type="radio"/> Humane Society or Animal Rescue <input type="radio"/> Industry Sales Representative <input type="radio"/> Lab or Research Facility (not U of S) <input type="radio"/> Large Animal Private Practice (+/- Exotics) <input type="radio"/> Mixed Animal Private Practice (+/- Exotics) <input type="radio"/> Predominantly Swine or Swine Only <input type="radio"/> Small Animal Private Practice (+/- Exotics) <input type="radio"/> University (research, lab) <p>Other: _____</p>

Fees	P	<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 as a veterinary technologist 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	Q	<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:

- **A copy of your diploma or transcript**
- **A copy of your government issued photo ID**
- **If applicable, your VTNE results sent directly from the AAVSB**
- **If applicable, letters of standing sent directly from the issuing jurisdiction(s)**

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

