



## MVMA VETERINARY TECHNOLOGIST RETURN TO PRACTICE VETERINARY MEDICINE IN MANITOBA

(Please print)

<b>Identifying Information</b>	<b>A</b>	<p><b>Legal Name:</b> Last: _____ First: _____ Middle: _____</p> <p><b>Preferred Name:</b> Last: _____ First: _____ Middle: _____</p> <p>Maiden Name (if applicable): _____</p> <p>Other Names (if applicable): _____</p> <p>Date of birth (d/m/y) _____</p>
<b>Entitlement to work in Canada</b>	<b>B</b>	<p>I will provide a copy of the following to prove that I am eligible to work in Canada. <b>(Please select one):</b></p> <p><input type="radio"/> Canadian Passport</p> <p><input type="radio"/> Canadian Birth Certificate</p> <p><input type="radio"/> Canadian Citizenship Card</p> <p><input type="radio"/> Canadian Permanent Resident Card</p> <p><input type="radio"/> Canadian Work Permit</p>
<b>Membership Type</b>	<b>C</b>	<p><b>I am applying for the following membership type:</b></p> <p><input type="radio"/> General Veterinary Technologist Member</p> <p><input type="radio"/> Restricted Veterinary Technologist (VTNE pending)</p> <p><input type="radio"/> Non-Practicing Veterinary Technologist</p>
<b>Contact Information</b>	<b>D</b>	<p><b>Residential Information</b></p> <p>Residential Mailing Address _____</p> <p>City/Town _____</p> <p>Prov/State _____</p> <p>Postal code/Zip _____ Country _____</p> <p>Residential telephone #_( ) _____ Cell #_( ) _____</p> <p>Correspondence Email Address: _____</p> <p style="color: red; font-weight: bold;">You are required to advise the MVMA of any changes to your mailing address.</p>

Contact Information	<b>E</b>	<p><b>Anticipated Employment</b> Do you, upon registration, have specific employment arranged?</p> <p><input type="radio"/> Yes <input type="radio"/> No (skip to Section F)</p> <p><b>Upon registration I intend to practice veterinary medicine:</b></p> <p><input type="radio"/> As an employee and/or owner 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> <p><b>Anticipated Employer:</b> _____</p> <p><b>You are required to advise the MVMA of any changes to your employment.</b></p>									
Qualification	<b>F</b>	<p>Information about Continuing Education requirements, please review the MVMA Continuing Education Policy on the MVMA website: <a href="https://www.mvma.ca/mvma-ce-program/">https://www.mvma.ca/mvma-ce-program/</a>.</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>									
Qualification	<b>G</b>	<p>Membership with the Manitoba Veterinary Technologists Association (MVTA) is required to obtain membership with the MVMA.</p> <p><b>Please note that the MVMA will collect information and fees on behalf of the MVTA</b></p> <p><b>More information about the MVTA can be located on the MVTA's website at <a href="https://www.mymvta.ca/">https://www.mymvta.ca/</a>.</b></p>									
Qualification	<b>H</b>	<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> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;"><b>Yes</b></td> <td style="text-align: right;"><b>No</b></td> </tr> <tr> <td>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>?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Have you ever, as a member of a professional or other organization, had disciplinary action commenced against you, or been censured, suspended or disqualified?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>		<b>Yes</b>	<b>No</b>	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"/>	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"/>
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Association	<b>I</b>	<p>Please indicate if you are interested in volunteering on one of the various MVMA committees or Council.</p> <p><input type="radio"/> <b>YES</b>, I am interested in volunteering. Please contact me with more information.</p> <p><input type="radio"/> <b>NO</b>, I am not interested in volunteering at this time.</p>									

Association	J	<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"/> <b>NO</b>, I am not interested at this time.</p> <p><input type="radio"/> <b>YES</b>, 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	K	<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><input type="radio"/> <b>YES</b></p> <p><input type="radio"/> <b>NO</b></p>															
Association	L	<p>As part of collecting information for the MVTA, which best describes your area of work: (Select 1 only):</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Administration or Office Only Position</b></li> <li><input type="radio"/> <b>Educator/Instructor ONLY Position</b></li> <li><input type="radio"/> <b>Humane Society or Animal Rescue</b></li> <li><input type="radio"/> <b>Industry Sales Representative</b></li> <li><input type="radio"/> <b>Lab or Research Facility (not U of S)</b></li> <li><input type="radio"/> <b>Large Animal Private Practice (+/- Exotics)</b></li> <li><input type="radio"/> <b>Mixed Animal Private Practice (+/- Exotics)</b></li> <li><input type="radio"/> <b>Predominantly Swine or Swine only</b></li> <li><input type="radio"/> <b>Small Animal Private Practice (+/- Exotics)</b></li> <li><input type="radio"/> <b>University (research, lab)</b></li> <li><input type="radio"/> <b>Other</b> _____</li> </ul>															
Association	M	<p>The following is information collected for the MVMA. Please select which would best describe your practice type. (Select 1 only):</p> <table border="0"> <tr> <td><input type="radio"/> Companion Animal</td> <td><input type="radio"/> Education</td> <td><input type="radio"/> Embryo Transfer</td> </tr> <tr> <td><input type="radio"/> Equine</td> <td><input type="radio"/> Federal Government</td> <td><input type="radio"/> Large or Production Animal</td> </tr> <tr> <td><input type="radio"/> Mixed Animal</td> <td><input type="radio"/> Private Industry (ie Sales &amp; Insurance)</td> <td><input type="radio"/> Provincial Government</td> </tr> <tr> <td><input type="radio"/> Research</td> <td><input type="radio"/> Zoo</td> <td><input type="radio"/> Other _____</td> </tr> <tr> <td><input type="radio"/> Not currently working as a Veterinary Technologist</td> <td></td> <td></td> </tr> </table>	<input type="radio"/> Companion Animal	<input type="radio"/> Education	<input type="radio"/> Embryo Transfer	<input type="radio"/> Equine	<input type="radio"/> Federal Government	<input type="radio"/> Large or Production Animal	<input type="radio"/> Mixed Animal	<input type="radio"/> Private Industry (ie Sales & Insurance)	<input type="radio"/> Provincial Government	<input type="radio"/> Research	<input type="radio"/> Zoo	<input type="radio"/> Other _____	<input type="radio"/> Not currently working as a Veterinary Technologist		
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<b>Association</b>	<b>N</b>	<p>The following is information collected for the MVMA. Please select which species you work with.  <b>(Select all that apply):</b></p> <p> <input type="radio"/> Avian                                      <input type="radio"/> Cats                                      <input type="radio"/> Cattle - Dairy  <input type="radio"/> Cattle - Beef                                      <input type="radio"/> Dogs                                      <input type="radio"/> Equine  <input type="radio"/> Exotics                                      <input type="radio"/> Fish                                      <input type="radio"/> Swine  <input type="radio"/> Sheep/Goats                                      <input type="radio"/> Other _____                      <input type="radio"/> Not currently working as  a Veterinary Technologist </p>
<b>Fees</b>	<b>O</b>	<p>I understand that upon approval of this application, I will be emailed an invoice.  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>
<b>Certification</b>	<b>P</b>	<p>I understand that I am not entitled to practice veterinary medicine as a Veterinary Technologist until I am granted registration with the MVMA.</p> <p>To help the MVMA process my application, please provide your preferred start date (If applicable).</p> <p>Date: _____</p>
<b>Certification</b>	<b>Q</b>	<p><b>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>.</b></p> <p><b>I HEREBY CERTIFY that all of the information contained herein is true, correct and complete.</b></p> <p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p>

**Please complete this membership form in its entirety.  
Return this form by mail or email to:**

Manitoba Veterinary Medical Association  
1590 Inkster Blvd.  
Winnipeg, Manitoba  
R2X 2W4  
Email: mvmainfo@mvma.ca



**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](http://www.mvma.ca)