

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

Registrant	A	<p>Legal Name: Last: _____ First: _____ Middle: _____</p> <p>Preferred Name: Last: _____ First: _____ Middle: _____</p> <p>Maiden Name (if applicable): _____</p> <p>Other Names (if applicable): _____</p> <p>Date of birth (d/m/y) _____</p>
Entitlement to work in Canada	B	<p>I will provide a copy of the following to prove that I am eligible to work in Canada. (Please select one):</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>
Membership Type	C	<p>I am applying for the following membership type:</p> <p><input type="radio"/> General Veterinarian Member: Check period(s) for which licensure requested</p> <p style="margin-left: 20px;"> <input type="radio"/> Full Year (remainder of the year) <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 </p> <p><input type="radio"/> Public Veterinarian Member (if only working for provincial or federal government)</p> <p><input type="radio"/> Non-Practicing/Retired Member (not entitled to practice veterinary medicine)</p> <p><i>*For more information about membership types, please review the MVMA membership type policy on the MVMA website.</i></p>

Contact Information	D	<p>Residential Information</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>You are required to advise the MVMA of any changes to your mailing address.</p>
Contact Information	E	<p>Anticipated Employment</p> <p>Do you, upon licensure, have a specific employment arranged?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (skip to Section G)</p> <p>Upon licensure I intend to practice veterinary medicine:</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>Anticipated Employer: _____</p> <p>You are required to advise the MVMA of any changes to your employment.</p>
Qualification	F	<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>
Qualification	G	<p>Information about Continuing Education requirements, please review the MVMA Continuing Education Policy on the MVMA website: https://www.mvma.ca/mvma-ce-program/.</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>

Qualification	H	<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>
Association	I	<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	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"/> 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	K	<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><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
Association	L	<p>Please indicate your position type at your primary place of work. (Select 1 only):</p> <p><input type="radio"/> Associate <input type="radio"/> Locum <input type="radio"/> Practice Owner/Partner</p> <p><input type="radio"/> Other: _____ <input type="radio"/> Not currently practicing in the veterinary field</p>
Association	M	<p>Please indicate your employment base. (Select 1 only):</p> <p><input type="radio"/> Academia <input type="radio"/> Aquarium <input type="radio"/> Gov - Federal</p> <p><input type="radio"/> Gov - Provincial <input type="radio"/> Industry <input type="radio"/> Laboratory</p> <p><input type="radio"/> Non-Government Organization <input type="radio"/> Private Clinical Practice <input type="radio"/> Retired</p> <p><input type="radio"/> Zoo <input type="radio"/> Not employed/not currently practicing in the veterinary field</p>

Association	N	<p>Please indicate your patient base. (Select 1 only):</p> <p><input type="radio"/> Companion Animals only <input type="radio"/> Equine only <input type="radio"/> Mixed Animals</p> <p><input type="radio"/> Food Animals Only <input type="radio"/> Other _____ <input type="radio"/> Does not apply/not currently practicing in the veterinary field</p>
Association	O	<p>Please indicate all the species you work with. (Select all that apply):</p> <p><input type="radio"/> Avian <input type="radio"/> Cats <input type="radio"/> Cattle - Dairy</p> <p><input type="radio"/> Cattle - Beef <input type="radio"/> Dogs <input type="radio"/> Equine</p> <p><input type="radio"/> Exotics <input type="radio"/> Fish <input type="radio"/> Honeybees</p> <p><input type="radio"/> Sheep/Goats <input type="radio"/> Swine <input type="radio"/> Other</p>
Fees	P	<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 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 I am not entitled to practice veterinary medicine until I am granted licensure with the MVMA.</p> <p>To help the MVMA process my application, please provide your preferred start date (If applicable). Date: _____</p>
Certification	R	<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 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

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