

(Please print)

Identifying Information	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> <p>You must include a copy of a valid government issued photo identification with this application. (Drivers licence, passport)</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> <ul style="list-style-type: none"> <input type="radio"/> Canadian Passport <input type="radio"/> Canadian Birth Certificate <input type="radio"/> Canadian Citizenship Card <input type="radio"/> Canadian Permanent Resident Card <input type="radio"/> Canadian Work Permit
Membership Type	C	<p>I am applying for the following membership type:</p> <ul style="list-style-type: none"> <input type="radio"/> Limited License-Board Certification Veterinarian Member:

Contact Information	D	<p>Residential Information Residential Mailing Address _____ City/Town _____ Prov/State _____ Postal code/Zip _____ Country _____ Residential telephone #_() _____ Cell #_() _____ 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 Do you, upon licensure, have a specific employment arranged? <input type="radio"/> Yes <input type="radio"/> No (skip to Section F)</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): _____ <input type="radio"/> As a government worker: _____ <input type="radio"/> Through a locum at the following clinic(s): _____ <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 have obtained board certification through the following American Board of Veterinary Specialties (ABVS): _____</p>
Qualification	G	<p>College or University of graduation _____ Year _____ Country _____</p> <p>You must include a copy of your diploma with this application</p>
Qualification	H	<p>I have practiced or am currently practicing veterinary medicine in another regulated jurisdiction.</p> <p><input type="radio"/> Yes <input type="radio"/> No (Skip to Section J)</p> <p>Please list these jurisdictions below. I hereby authorize the jurisdictions below in which I have been previously licenced to practice veterinary medicine to release any pertinent information to the MVMA:</p>

		<p>Province/State _____ Country _____ Date (d/m/y) _____</p> <p>1. _____ From _____ to _____</p> <p>2. _____ From _____ to _____</p> <p>3. _____ From _____ to _____</p> <p><input type="radio"/> I have been licenced to practice veterinary medicine in additional regulated jurisdictions. I have attached an additional page that contains this information.</p> <p>You must have letters of standing sent from every regulated jurisdiction in which you have practiced veterinary medicine.</p>									
Qualification	I	<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	J	<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	K	<p>Please answer the following 6 questions. For each question that you answer in the affirmative (yes), please attach all relevant information to this application.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?</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>		Yes	No	While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?	<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"/>
	Yes	No									
While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?	<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"/>									

		<p>Have you ever been denied, or had revoked, a license or permit supported by a requirement of proof of good character? <input type="radio"/> <input type="radio"/></p> <p>Have you ever been refused registration as a licensed or registered professional in any jurisdiction? <input type="radio"/> <input type="radio"/></p> <p>Have you ever been imprisoned for failing to obey a court order? <input type="radio"/> <input type="radio"/></p> <p>Have you ever been charged, in Canada or elsewhere, with any crime, offence or delinquency under a statute or ordinance (excluding parking or speeding tickets if you have received fewer than five such tickets in the last three years)? <input type="radio"/> <input type="radio"/></p>
Association	L	<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	M	<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	N	<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	O	<p>Please indicate your position type at your primary place of work.</p> <p>(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	P	<p>Please indicate your employment base.</p> <p>(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>

		<input type="radio"/> Zoo <input type="radio"/> Not employed/not currently practicing in the veterinary field
Association	Q	Please indicate your patient base. (Select 1 only): <input type="radio"/> Companion Animals only <input type="radio"/> Equine only <input type="radio"/> Mixed Animals <input type="radio"/> Food Animals Only <input type="radio"/> Other _____ <input type="radio"/> Does not apply/not currently practicing in the veterinary field
Association	R	Please indicate all the species you work with. (Select all that apply): <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"/> Honeybees <input type="radio"/> Sheep/Goats <input type="radio"/> Swine <input type="radio"/> Other _____
Fees	S	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. <i>* Please note that the current MVMA fee schedule can be viewed on the MVMA website</i>
Certification	T	I understand that I am not entitled to practice veterinary medicine until I am granted licensure with the MVMA. To help the MVMA process my application, please provide your preferred start date (If applicable). Date: _____
Certification	U	<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



Please remember the following must be accompanied with your application:

- **A copy of your Diploma**
- **A copy of your Government issued photo ID (passport, driver's license)**
- **Proof of entitlement to work in Canada (Canadian Passport/Canadian Citizenship Card/Canadian Permanent Resident Card/Canadian Work Permit/Canadian Birth Certificate)**
- **If applicable, Letters of Standing sent directly from the issuing jurisdiction(s)**
- **A copy of your Diplomate credentials**

Questions/Concerns? Manitoba Toll-free: 1-866-338-6862 or 204-832-1276