

(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> <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 Veterinary Technologist Member</p> <p><input type="radio"/> Restricted Veterinary Technologist (VTNE pending)</p> <p><input type="radio"/> Non-Practicing Veterinary Technologist</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 registration, have specific employment arranged?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (skip to Section F)</p> <p>Upon registration 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>
Association	F	<p>Did you graduate from a CVMA or an AVMA accredited veterinary technologist program?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Veterinary Technologist program of graduation _____</p> <p>Year _____</p> <p>Prov/State _____</p> <p>Country _____</p>
Association	G	<p>Have you successfully completed the Veterinary Technician National Exam (VTNE)?</p> <p><input type="radio"/> Yes Passed on (d/m/y): _____</p> <p><input type="radio"/> No I plan to write the VTNE: _____</p>

Qualification	H	<p>I have practiced or am currently practicing veterinary medicine as a veterinary technologist 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.</p> <p>I hereby authorize the jurisdictions below in which I have been previously registered as a veterinary technologist to release any pertinent information to the MVMA:</p> <table border="0"> <tr> <td>Province/State</td> <td>Country</td> <td>Date (d/m/y)</td> </tr> <tr> <td>1. _____</td> <td>_____</td> <td>From _____ to _____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>From _____ to _____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>From _____ to _____</td> </tr> </table> <p><input type="radio"/> I have been registered as a veterinary technologist in additional regulated jurisdictions. I have attached an additional page that contains this information.</p> <p>You must have letters regarding previous discipline sent from every regulated jurisdiction in which you have practiced veterinary medicine.</p>	Province/State	Country	Date (d/m/y)	1. _____	_____	From _____ to _____	2. _____	_____	From _____ to _____	3. _____	_____	From _____ to _____			
Province/State	Country	Date (d/m/y)															
1. _____	_____	From _____ to _____															
2. _____	_____	From _____ to _____															
3. _____	_____	From _____ to _____															
Qualification	I	<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 the MVMA approved continuing education from June 1 to the date of this application.</p> <p>*Please note this information is used as a declaration. No CE is required to obtain a license/registration.</p>															
Qualification	J	<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	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 border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">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> <tr> <td>Have you ever been denied, or had revoked, a license or permit supported by a requirement of proof of good character?</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 been refused registration as a licensed or registered professional in any jurisdiction?</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"/>	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"/>	Have you ever been refused registration as a licensed or registered professional in any jurisdiction?	<input type="radio"/>	<input type="radio"/>
	Yes	No															
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Have you ever been refused registration as a licensed or registered professional in any jurisdiction?	<input type="radio"/>	<input type="radio"/>															

		<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 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"/> YES</p> <p><input type="radio"/> NO</p>
Association	O	<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"> <input type="radio"/> Administration 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) <input type="radio"/> Other _____

Association	P	<p>The following is information collected for the MVMA. Please select which would best describe your practice type.</p> <p>(Select 1 only):</p> <p><input type="radio"/> Companion Animal <input type="radio"/> Education <input type="radio"/> Embryo Transfer</p> <p><input type="radio"/> Equine <input type="radio"/> Federal Government <input type="radio"/> Large or Production Animal</p> <p><input type="radio"/> Mixed Animal <input type="radio"/> Private Industry (ie Sales & Insurance) <input type="radio"/> Provincial Government</p> <p><input type="radio"/> Research <input type="radio"/> Zoo <input type="radio"/> Other _____</p> <p><input type="radio"/> Not currently working as a Veterinary Technologist</p>
Association	Q	<p>The following is information collected for the MVMA. Please select which species you work with.</p> <p>(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"/> Swine</p> <p><input type="radio"/> Sheep/Goats <input type="radio"/> Other _____ <input type="radio"/> Not currently working as a Veterinary Technologist</p>
Fees	R	<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>
Qualification	S	<p>Please confirm the following:</p> <p><input type="radio"/> I am currently registered as a veterinary technologist in another regulated Canadian jurisdiction.</p>
Certification	T	<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>
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 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)**

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