



**ALBERTA VETERINARY MEDICAL ASSOCIATION
2010 APPLICATION FOR REGISTRATION
FIRST TIME APPLICANT - VETERINARIAN**

Please indicate (✓) which type of membership you are applying for:		
<input type="checkbox"/>	Active-General Practice Licensee	- A registered veterinarian whose membership allows them to engage in the full scope of veterinary practice.
<input type="checkbox"/>	Time Limited General Practice Licensee	- A registered veterinarian whose membership allows them to engage in the full scope of veterinary practice to a maximum of 100 days anytime throughout the calendar year.
<input type="checkbox"/>	Limited Practice Licensee	- A registered veterinarian whose membership allows them to engage in the practice of veterinary medicine in a limited capacity as required by the Registration Committee.

DATE: _____

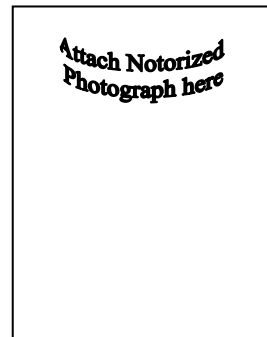
To The Registrar:

I hereby make application for registration with the Alberta Veterinary Medical Association, and in this regard:

I _____
First Name
Middle Name
(Please print name in full)
Surname

of _____
Street Address, City, Province & Postal Code
(Please print address in full)

PHONE# _____ (____) _____



DO SOLEMNLY DECLARE:

1. That I was born on _____ in _____
(Month/Day/Year)
(City, Province, Postal Code & Country)

2. That I am:
 (i) a Canadian Citizen ()
(Provide documentation of one of the following: Valid Canadian Passport, Canadian Birth Certificate)

Or
 (ii) lawfully admitted into and entitled to work in Canada ()
(Provide documentation of Canadian SIN #, Canadian Work Visa, or Canadian Permanent Resident Visa)

3. That I am able to communicate in English ()

Provide one of the following:

(a) North American Veterinary Licensing Exam (NAVLE) Score Report (*Notarized Copy*)

Or

(b) A letter from the National Examining Board (NEB) stating your eligibility to enter their exam sequence

4. That I have received (will receive) the following degree(s) or Board Certification

(A notarized photocopy of your Veterinary Degree and all Advanced Education Credentials, or any other documents or certificates that support your credentials must be submitted with application form. All documents to be translated into English where required.)

(a) _____ From _____ in _____
Degree University Year

(b) _____ From _____ in _____
Degree University Year

(c) _____ From _____ in _____
Degree University Year

(d) _____ From _____ in _____
Degree University Year

5. That I received (will receive) a Certificate of Qualification (C of Q) from the National Examining Board (NEB) of the Canadian Veterinary Medical Association (CVMA) dated _____

A notarized photocopy of the Certificate of Qualification must be submitted with application form.

Or

That I have completed any of the following:

Basic and Clinical Sciences Exam (*attach notarized copy of Score Report*)

Yes

No

NAVLE (*attach notarized copy of Score Report*)

Have completed Specialty or unique certification (*attach notarized copy*)

6. a) That I am registered (), have been registered (), or am in the process of applying to be registered () to practice veterinary medicine in the following jurisdictions. **Please list all:**

(Letters of good standing from EACH jurisdiction MUST be submitted with application).

i) _____

ii) _____

iii) _____

b) List all Veterinary Employment History: (*use separate sheets if necessary*)

i) _____

ii) _____

iii) _____

7. That I have () have not () been suspended, expelled or denied licensure from a Veterinary Statutory Body or Licensing Authority. (*Attached hereto are full particulars, if any*)

8. That I have () have not () been convicted of any offence or presently face outstanding charges under the Criminal Code of Canada, the Narcotic Control Act, the Food and Drugs Act, or similar legislation in any jurisdiction. *(Attached hereto are full particulars of all such offences, if any)*
9. That I do () or do not () use any of the substances listed in Schedules G & H of the Food and Drugs Act, or any of the substances listed in the Schedule to the Narcotic Control Act. Further, I am not presently incapacitated due to addiction to alcohol or by other circumstances. *(Attached hereto are full particulars of my use, if any, of the aforementioned substances).*
10. That I hereby authorize the Alberta Veterinary Medical Association to make those inquiries that it deems relevant to my Application for Membership from:
- *those Educational Institutions that I have attended*
 - *those Professional Associations, Licensing Authorities, or Veterinary Statutory Bodies of which I am or have been a member*
 - *current or previous supervisors or employers*
 - *any relevant organizations or agencies*
11. That I will undertake to practise the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinary Profession Act, the Regulation, Guidelines and Bylaws of the Alberta Veterinary Medical Association, and in so doing uphold the honour and dignity of the veterinary profession.
12. That I submit the following names and contact information of three character references.
(Please submit names, addresses, and phone numbers of two veterinarian references, one of whom shall be a recent supervisor or employer and one person who is not a veterinarian or family member)
- | | | | |
|----|--------|-----------|---------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| | (NAME) | (ADDRESS) | (PHONE) |
13. That I will attend the next scheduled ABVMA Registration Day. This is an orientation session regarding the ABVMA Bylaws and Council Guidelines, relevant legislation and other professional responsibilities of veterinarians in Alberta.
13. That I authorize the Alberta Veterinary Medical Association to use any legal means to verify the statements on this application and authorize the release of such information from those relevant individuals, organizations or agencies. Should there be fees assessed by any of the above it will be at my expense.

I ALSO SOLEMNLY DECLARE THE FOLLOWING PERSONAL AND BUSINESS INFORMATION TO BE ACCURATE:

Personal Information (Mandatory)

Personal Information

In accordance with ABVMA information Policy, this information is required for ABVMA Member Roster purposes only. It will be used to contact you regarding individual membership matters and will not be distributed to the Public.

Home Mailing Address: *(physical street address preferred)*

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Fax Number: _____

******Email:*** _____

****Please note the home contact information above is where ALL ABVMA correspondence will be directed to. If your address changes you are required to inform the ABVMA Office in writing to ensure that you receive correspondence. ****

Business Information for ABVMA Directory and Website
(for Public Distribution)

Employment

- I will be working at the following ABVMA certified veterinary practice entity.**

Name of Practice: _____ City: _____

- I will be doing locum work only - not at a specific veterinary practice.**

- I will be working for the Provincial or Federal Government**

Employers Name: _____ Department: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____ e-mail: _____

- I will be working in industry**

Employment Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____ e-mail: _____

I will be working in an academic / educational capacity

Employment Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____ e-mail: _____

Employment Start Date: _____

(Mandatory information – you are not legally entitled to work in Alberta until your registration has been approved by the ABVMA Registration Committee)

I am not currently employed.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the force and effect as if made under oath, and by virtue of the Canada Evidence Act. I further understand that the provision of false information in this Application for Registration may be cause for disciplinary action by the Alberta Veterinary Medical Association and may render me liable to the discipline sanctions set out in the Veterinary Profession Act. R.S.A. 2001 c. V-2, as amended.

Signature of Applicant

To be completed by a Commissioner of Oaths, Notary Public or Justice of the Peace

Declared before me at _____ in the Province of _____
(City) (Province)

this _____ day of _____, 20 _____
(Day) (Month) (Year)

(Signature)

Commissioner of Oaths, Notary Public or Justice of the Peace for the Province of _____

ABVMA OFFICE USE ONLY:

Approved: _____ Date: _____
(Registrar)

In order to ensure timely processing, this application must include the following:

- ***A FULLY completed application form***
 - *Incomplete applications will be returned unprocessed*
- ***A notarized recent photograph of the applicant***
- ***A notarized photocopy of Veterinary Degree***
- ***A notarized photocopy of NAVLE results***
- ***A notarized photocopy of Certificate of Qualification***
- ***Letters of Good Standing from EACH jurisdiction that applicant has been registered to practice veterinary medicine in***
- ***Three character reference names and contact information***
- ***Registration Application Fee (non-refundable)***
- ***Applicable Membership Dues***
 - *Membership Dues are stated on a separate page with a break down. If unsure of the amount to send please contact the ABVMA office.*
- ***Declaration signed by Notary Public, Commissioner of Oaths, or Justice of the Peace***

Please note: Applications will not be processed until the Application Fee AND Membership Dues are received

An application will remain open for 6 months from the date of receipt of the application, and if not completed within that time, will be recorded as denied licensure for failure to complete application requirements.

TO ENSURE TIMELY PROCESSING OF THIS APPLICATION WE ASK THAT YOU PROVIDE ALL NECESSARY INFORMATION AS STATED ABOVE. INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY OF PROCESSING.

Please return all documentation to the:
Alberta Veterinary Medical Association,
950 Weber Centre, 5555 Calgary Trail NW
Edmonton, Alberta, T6H 5P9
Phone: (780) 489-5007 Fax: (780) 484-8311

Revised: February, 2010