



MEMBERSHIP APPLICATION

_____ <input type="checkbox"/> Male <input type="checkbox"/> Female			
Surname	Given names		
Address		City/province	Postal code
Business phone	Home phone	Cell Phone	e-mail

Previous SVMA member? Yes No Dates _____ CVMA member? Yes No

Professional experience (begin with most recent)

Date	Employer	Address
to		
to		
to		
to		

The following is a list of all jurisdictions where I have been or am currently licensed to practice or to which I have made application for licence. I hereby authorize release of any pertinent information to the Saskatchewan Veterinary Medical Association by any veterinary jurisdiction or information verification agency.

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

You are responsible for contacting the appropriate licensing bodies and ensuring letters of standing are submitted directly to the SVMA.

Membership category (please choose one)

General Educational Limited Short-term Student Sabbatical Social

If short-term, note term: From _____ to _____

Location/event: _____

Proposed employer _____ Start date _____

If employer is WCVM, indicate department

I DO SOLEMNLY DECLARE (*Initial each item to confirm that it has been read and completed if necessary)

I was born on _____ at _____
(month/day/year) (place)

and hold _____ citizenship.

* _____ I will provide notarized/certified proof of Canadian citizenship. (birth certificate or passport)

* _____ I will provide notarized/certified documents showing I am entitled to work in Canada. (visa, work permit, passport, border authorization)

* _____ I will provide notarized/certified photo identification. (driver licence or passport)

I received or will receive the following degree(s) or Board Certification:

_____ from _____ in _____
(degree) (university /college - location) (year)

_____ from _____ in _____
(degree) (university /college - location) (year)

* _____ I am not currently under investigation, nor am I aware of any proceedings or charges pending against me and I have never been convicted of a criminal offence. (If you have been investigated, charged or convicted of a criminal offence, please explain in a separate letter).

* _____ My name has never been struck and I have never been under suspension from any veterinary or equivalent body in any other jurisdiction, nor am I currently under investigation or aware of any proceedings pending against me by any such body. (If this is not the case, please explain on a separate letter.)

* _____ I will undertake to practise the profession of veterinary medicine in a professional and becoming manner, in accordance with *The Veterinarians Act, 1987* (SK) and bylaws of the SVMA.

* _____ I will attend the next licensing seminar, write and pass the written examination on the provisions of *The Veterinarians Act*, the bylaws and practice standards of the association. If I am unable to attend the first seminar after being granted a temporary license, I will write the examination within 30 days of the seminar date and attend the next seminar. If my second attempt to pass the written examination is unsuccessful, I understand I must appear before council. If I fail to meet these conditions I understand my temporary license will be suspended immediately. I must then re-apply for licensure, pay all associated costs and meet the aforementioned conditions for licensure.

* _____ I will pay the non-refundable application, examination and registration fees due as stated on the current fee schedule before I will be granted a licence.

I hereby certify the above information is correct, and I have read *The Veterinarians Act*, bylaws and practice standards of the association and I understand the conditions associated with membership in the SVMA. Further, I hereby agree I will not practise veterinary medicine in Saskatchewan until my membership in the SVMA is approved.

Signature of applicant _____ Date _____

Witness _____ (Notary public or SVMA member)

Witness name: _____ (print)

Payment options:

Cheque enclosed in the amount of \$ _____ made payable to the SVMA.

Credit card payment in the amount of \$ _____ VISA MasterCard

Card # _____ Expiry date _____

Name on card _____ Signature _____

Return the form with your cheque or VISA/MasterCard authorization to:

Saskatchewan Veterinary Medical Association
#202-224 Pacific Avenue
Saskatoon, SK S7K 1N9

svma@svma.sk.ca

Fax: 306.975.0623

Office use only Licence category _____ SVMA Licence # _____

Received:

Application Diploma NAVLE CQ Photo ID Work eligibility

Letter(s) of standing

Seminar attended Exam passed Council approval T- Certificate Invoice # _____

Payment received Amount _____ Appⁿ fee _____ Lic sem _____ SVMA _____ CVMA _____ GST _____