



Veterinary Technologist Membership Application

First Name _____ Last Name _____

Middle Name _____ Birthdate _____

Address _____

City/Town _____ Province _____ Postal Code _____

Email _____

Primary Phone Number _____ Alternate Phone Number _____

Employer Name (veterinary) _____

YES NO May we contact you to volunteer for events in your area?

YES NO Previous SVMA/SAVT Member? Dates:

YES NO RVTTTC Member?

Professional Experience (begin with most recent)

Date	Employer	Address
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

The following is a list of all jurisdictions where I have been or am currently registered to practice or to which I have made application for registration. 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 _____

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

Education

Graduation Date _____ University/College - Location _____

VTNE Number _____ Location where VTNE was written _____

Membership Category (please check one)

	Active	Provisional	Short-Term
If Short Term, note term	_____	_____ to _____	_____
Location/event	_____		
Proposed Employer	_____	_____	Start Date _____
If 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's licence or passport)

_____ 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 in a separate letter).

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

_____ I will successfully complete the online licensing course and exam within 30 days of my membership approval. If I fail to meet the conditions of my conditional registration, I understand my conditional registration may be suspended.

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

I hereby certify the above information is correct, and I have read *The Veterinarians Act, 1987*, 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 assist in the practise of veterinary medicine in Saskatchewan until my membership with the SVMA has been approved.

Signature of applicant _____ Date _____

Witness _____ (notary public or SVMA member)

Witness Name: _____ (print)

Return Form To:

vettech@svma.sk.ca

or:

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

Application Checklist:

- Application Form
- Notarized copy of Government Issued Photo ID
- Proof of Citizenship
- Notarized copy of diploma
- Arrange for letters of standing to be sent directly to SVMA
- Arrange for VTNE results to be sent directly to SVMA
- Apply for an SAVT membership and pay SAVT fees