



# 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 \_\_\_\_\_  
 Location where \_\_\_\_\_  
 VTNE Number \_\_\_\_\_ 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:**

[lserhienko@svma.sk.ca](mailto:lserhienko@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