



MEMBERSHIP APPLICATION

Please print

Surname	Given names	
Address	City/province	Postal code
Business phone	Home phone	e-mail

Professional experience (begin with most recent)

Date	Employer	Address (city, province/state/country)
to		
to		
to		

References (two must be licensed veterinarians)

1. _____
2. _____
3. _____

You are responsible for contacting your references and ensuring references are submitted directly to the Saskatchewan Veterinary Medical Association.

Previous SVMA member? no yes Dates _____ CVMA member? yes no

Proposed employer _____

If employer is WCVM, indicate department _____

Start date _____ if short-term, note term _____

Membership category (please circle one)

General Academic Educational Short-term Social

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

* _____ I was born on _____ at _____ and hold _____ citizenship.
(month/day/year) (place)

* _____ I received a degree in veterinary medicine from _____ in _____.
(university/college) (year)

That I received/will receive the following degree(s): _____ from _____
in _____.
(year) (university /college)

* _____ 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).

* _____ 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 not the case, please explain on a separate piece of paper.)

The following is a list of all jurisdictions where I have been or am currently licensed to practice or to whom 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.

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

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

* _____ I will attend the next licensing seminar and write and pass a written examination on the provisions of *The Veterinarians Act*, bylaws and practice standards of the association. *Passing mark is 70%*. Fee to write the exam is \$100; first re-write is \$100; second re-write is \$250. If second attempt is unsuccessful, I must appear before council. If unable to attend the first seminar after being granted a licence, I must write the examination within 30 days of seminar date and attend the next seminar. Seminars are held twice a year.

* _____ I will pay the non-refundable application 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)

Office use only				
Application received	_____	Letter(s) of Standing	_____	Diploma _____
C of Q	_____	References (3)	_____	_____
Payment received	_____	Amount	_____ (SVMA _____ CVMA _____	Fee _____ GST _____
Invoice	_____	SVMA Lic.	_____	Council approval _____ T- Certificate _____
Seminar attended	_____	Exam	_____ %	Licence Category _____
Practice conditions				