



## MEMBERSHIP APPLICATION

*Please print*

\_\_\_\_\_  Male  Female  
 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	_____			