



**ALBERTA VETERINARY MEDICAL ASSOCIATION
APPLICATION FOR SHORT TERM REGISTERED VETERINARIAN**

Date: _____

To the Registrar:

I hereby make application to practice Veterinary Medicine in the Province of Alberta as a Short Term Registered Veterinarian according to Section 6.1 of The Veterinary Profession Act, General Regulation and in this regard:

I _____
(Print Name in Full)

(Address)

(Email address – mandatory)

(Present Employer)

(Present Employer's Street Address, City, Province, Postal Code)

Phone Number: () _____

DO SOLEMNLY DECLARE:

1. That I was born on _____ in _____
(Month/Day/Year) (City, Province, Country)

2. (i) That I am a Canadian Citizen ()
or (ii) That I am lawfully entitled to work in Canada ()
(provide documentation of one of the following ie: SIN #, Valid Passport #, or Birth Certificate #, Work Permit)
and (iii) That I am able to communicate in English ()

3. That I received the following degree(s).
(submit a notarized photocopy of your Veterinary Degree with this application form)

_____	From _____	In _____
Degree	University	Year
_____	From _____	In _____
Degree	University	Year
_____	From _____	In _____
Degree	University	Year

4. That I have the following Board Certifications:
(submit a notarized photocopy of your Certificates with this application form)

_____	From _____	In _____
Specialty	University	Year
_____	From _____	In _____
Specialty	University	Year
_____	From _____	In _____
Specialty	University	Year

5. That I am a currently a General Practice Licensee in another jurisdiction.
Please indicate which jurisdiction _____
(a current Letter Of Good Standing from this jurisdiction MUST be submitted with this application)

6. That I have also been registered/licensed in the following jurisdictions. **(please indicate ALL)**
- a) _____
- b) _____
- c) _____
7. That I have () have not () been suspended, expelled or denied licensure from a Veterinary Association or licensing jurisdiction. **(attached hereto are full particulars, if any)**
8. That I will uphold the honour and dignity of the Veterinary Profession.
9. That I will undertake to practice the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinary Profession Act, General Regulation, Guidelines and the Bylaws of the Alberta Veterinary Medical Association.
10. That I will only practise the specific category of veterinary medicine as applied for.
- Please indicate location and date _____
- Please indicate other affiliated organizations _____
- Please describe category or type of activity _____
- Please indicate the species of animal(s) involved _____
11. I will practise at the request of and in conjunction with an Active Registered member of the Alberta Veterinary Medical Association, who is associated with an inspected facility related to my scope of activity and who assumes its role of responsible veterinarian.
12. I have sufficient malpractice and liability insurance, applicable to practice in Alberta.

Signature of Applicant

TO BE COMPLETED BY SPONSORING ABVMA LICENSED VETERINARIAN

I am assuming the responsibility of Dr. _____ practice of veterinary medicine in Alberta as a Short Term Member. To the best of my knowledge, the information provided in this application is accurate and true.

I verify that Dr. _____ will be practicing at my request and in conjunction with my practice. I am currently an Active Member of the Alberta Veterinary Medical Association.

(Name of Active Registered ABVMA Member)

(Signature of Responsible Veterinarian)

(Active ABVMA Member License Number)

(Clinic or Facility Name)

Time Period From _____, 20____ To _____, 20____

In order to ensure timely processing, this application must include the following:

☐ **A FULLY completed application form**

○ copy of one of the following:

Valid Canadian Passport, Canadian Birth Certificate, Canadian SIN #,
Canadian Work Visa, or Canadian Permanent Resident Visa

☐ **A notarized photocopy of your Veterinary Degree**

☐ **A notarized photocopy of your Board Certifications (if applicable)**

☐ **Letters of Good Standing from EACH jurisdiction**

☐ **Registration Application Fee (non-refundable)**

☐ **Applicable Membership Dues**

TO ENSURE TIMELY PROCESSING OF THIS APPLICATION WE ASK THAT
YOU PROVIDE ALL NECESSARY INFORMATION AS STATED ABOVE.
INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY OF PROCESSING

The application fee set by the ABVMA Council at **\$343.47** (*includes GST*)
and

The fee for Short Term Registration set by the ABVMA Council at **\$188.82** (*includes GST*)

Payment may be made by Visa, MasterCard, Money Order or Personal Cheque (in Canadian
Funds) payable to the ABVMA

PAYMENT MAY BE MADE BY:

CHEQUE/MONEY ORDER/ VISA/MASTERCARD

PAYMENTS ARE PAYABLE TO:

ALBERTA VETERINARY MEDICAL ASSOCIATION (ABVMA)

PLEASE COMPLETE IF PAYING BY CREDIT CARD:

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRY DATE: _____ CVC: _____

To be completed by the ABVMA Office

Time Period From _____, 20____ To _____, 20____

Approved _____ Date: _____
(Registrar)