



College of Veterinarians of British Columbia

ACTIVATE REGISTRATION FORM

I, _____, _____,
Please print full name *Registrant #*

request that my CVBC registration class be changed from _____

to _____, effective _____.

I declare that since I was last engaged in active practice in British Columbia:

1. I am, or was previously, registered or licensed to practice veterinary medicine or another profession, or now work or previously worked as a veterinarian or another profession, in Canada, including BC, and from any foreign jurisdictions (Please attach additional sheets if necessary).

Jurisdiction _____ From _____ To _____

For each jurisdiction where you worked you must provide a Letter of Good Standing. If the jurisdiction did not require you to be licensed, you must have the appropriate official provide a letter to the CVBC confirming that you did not require a license.

2. I am not subject to investigation, review or other proceeding by a regulatory body in British Columbia or in another province of Canada or a foreign jurisdiction that could result in my entitlement to practice as a veterinarian or another profession being cancelled or suspended:

Yes No (please attach a full written explanation of the circumstances)

3. My entitlement to practice as a veterinarian or in another profession has not been cancelled or suspended by a regulatory body in British Columbia, in another province in Canada or a foreign jurisdiction at any time:

Yes No (please attach a full written explanation of the circumstances)

4. My entitlement to practice as a veterinarian or in another profession has not been voluntarily relinquished to a regulatory body in British Columbia, another province in Canada or a foreign jurisdiction with the effect of preventing the commencement or completion of an investigation, review or other proceeding by that body that could have resulted in my entitlement to practice in British Columbia the other province of Canada or the foreign jurisdiction being suspended or cancelled:

Yes No (please attach a full written explanation of the circumstances)

5. I have not been charged or convicted of a criminal offence where the nature of the offence or the circumstances under which it was committed gave rise to concerns about my competence or fitness to practice as a veterinarian:

Yes No (please attach a full written explanation of the circumstances)

I authorize the registrar of the College of Veterinarians of British Columbia to obtain information from any other regulatory body concerning current or past registration, including information about or copies of a complaint investigation file, whether dismissed or not, any remedial action by consent, or the results of a disciplinary hearing. Further, I authorize those agencies, bodies or individuals possessing such information to provide it upon request to the registrar of the College of Veterinarians of British Columbia, including without limitation, Canadian federal or provincial and American federal or state police agencies or any veterinary medical and health professionals.

I declare that all information included in this Change in Registration Form to Active Class of Registration from Non-Practicing, Retired or to Reinstate and the accompanying materials is true, accurate and verifiable to the best of my knowledge.

Signature of Applicant

Date

Practice History (including as a veterinarian or in another profession)

Attach additional sheets if required.

1. Name of Practice _____
Jurisdiction _____ From _____ To _____
Type _____

2. Name of Practice _____
Jurisdiction _____ From _____ To _____
Type _____

Continuing Education Hours (over the past 5 years)

1. _____
Year _____ Hours _____

2. _____
Year _____ Hours _____

3. _____
Year _____ Hours _____

4. _____
Year _____ Hours _____

5. _____
Year _____ Hours _____