



College of Veterinarians of British Columbia

APPLICATION FOR REGISTRATION

The process of registration with the CVBC is governed by the Bylaws, Part 2 – Registration. Under s. 2.3 (1), ‘General rules and criteria’, an applicant seeking registration in a class of active registration **must** provide a completed application form together with:

- All required documentation, in either original form, in the form of a copy certified by a commissioner of oaths or a notary public in Canada, or provided directly from the issuing organization (either electronically or by mail) where delivery is verifiable;
- a certified English translation, if required;
- payment for the application; and
- payment for the bylaw exam and seminar, or a request for a waiver or exemption, if applicable.

All supporting documentation must not predate the application by more than one month or the registrar will refer the application to the registration committee for direction (bylaw s.2.3 (2)). All payments as set out in Schedule C to the Bylaws must be provided in Canadian funds.

All requirements, including a passing mark on the CVBC bylaw exam, must be completed before an application for registration will be considered by the registrar.

An applicant may expect to be registered within two weeks of submitting all required documentation and passing the bylaw exam, if all requirements are met. It is the responsibility of the applicant to allow sufficient time for submission and review of all required registration documentation prior to an anticipated start date for employment. Registration on a specific date cannot be guaranteed, particularly during periods of office closure.

The CVBC has the obligation to investigate any concerns that might arise regarding an applicant for registration. The registrar may refuse to grant registration, in which case the application file will be referred to the registration committee. The registration committee may direct the registrar:

- to register an applicant with full, provisional or limited registration as defined in the bylaws, s. 2.7, s. 2.8, and s. 2.10, respectively;
- to obtain further or additional information or clarification; or
- to hold a registration hearing.

Please send the original signed ‘Application for Registration’ and all additional sheets and supporting documentation with a cheque or money order in Canadian funds to the address on this form to the attention of the Registration Coordinator.

For assistance please contact the Registration Coordinator (info below).

To the Registrar of the College of Veterinarians of British Columbia:

I,

First Name *Middle Name* *Last Name*

of

Address

City *Province/State* *Country*

Postal Code *Phone Number* *E-mail Address*

You must provide complete and current contact information to the CVBC and keep this information up to date with the CVBC at all times.

hereby make application for registration for the following class of registration (mark one only):

- Private Practice
- Temporary For External Licensed Veterinarian
- Public Sector
- Specialty Private Practice

I declare the following:

1. My immigration status in Canada is (mark one only):

- Canadian Citizenship status
- Permanent resident of Canada
- Canadian work permit

You must provide a copy as declared by a commissioner of oaths or notary public in Canada.

2. I graduated (or I am about to graduate) with a degree or diploma in veterinary medicine from:

Veterinary School Name: _____

Year: _____ Degree (DVM, BCSc, other...): _____

You must provide a copy of your veterinary degree or diploma certified by a commissioner of oaths or notary public in Canada)

New or imminent graduates of accredited veterinary schools who have passed the North American Veterinary Licensing Exam (NAVLE) and do not yet have a Certificate of

Qualification (CQ) from the National Examining Board (NEB) of the Canadian Veterinary Medical Association (CVMA) must direct: (1) the NEB to send the scores directly to the CVBC, and (2) the Dean of the veterinary school to send confirmation of convocation directly to the CVBC, or provide true copies certified by a commissioner of oaths or notary public in Canada.

Following graduation, the CVBC requires a copy of the veterinary degree or diploma certified by a commissioner of oaths or notary public in Canada.

Note: *Registration in the **Temporary For External Licensed Veterinarian (TEMP)** class of registration to provide a locum service, requires a signed undertaking (see attachment at the end of the application). Attendance at the bylaw seminar and passing the bylaw exam is not required.*

Note: *Registration in the **Specialty Private Practice (SPP)** class of registration does not require a CQ. To be recognized as a Diplomate (i.e., a “specialist”) you must provide:*

- a) Proof by means of a certified copy of the diploma and a Letter of Good Standing that you hold a current diplomate status in a recognized veterinary specialty as administered by the ABVS (American Board of Veterinary Specialties) or the EBVS (European Board of Veterinary Specialists); and*
- b) A signed undertaking agreeing to restrict your practice as a veterinarian to the scope of the diplomate certificate held (see attachment at the end of the application for the form of undertaking).*

Note: *Registration in the **Public Sector (PS)** class of registration does not require a CQ. You must provide:*

- a) Proof of employment as a veterinarian in British Columbia by the Crown in right of Canada or by the Province of British Columbia or other similar employment; and*
- b) A signed undertaking agreeing to restrict your practice as a veterinarian in British Columbia as an employee of the Crown in right of Canada or as an employee of the Province of British Columbia (see attachment at the end of the application for the form of undertaking).*

3. I have received a Certificate of Qualification (CQ) that was assessed in the English language from the National Examining Board (NEB) of the Canadian Veterinary Medical Association (CVMA):

- Yes Date of CQ: _____
- No

If you answered ‘Yes’, then you must provide a true copy certified by a commissioner of oaths or notary public in Canada of your CQ to the CVBC, or you can have the NEB provide a copy of your CQ directly to the CVBC.

If you answered ‘No’ because you have not yet received a CQ but you have passed all the qualifying NEB exams in English and submitted any other documentation required by the NEB to be issued a CQ, then you must have the NEB provide proof directly to the CVBC that a CQ will be issued.

If you answered ‘No’ for any of the following reasons:

- a) your CQ was assessed in the French language and you did not graduate from an accredited or acceptable veterinary school that provided instruction in English, or*
- b) at the time of application to the CVBC, you were registered in another province and you passed a prior equivalent English language proficiency assessment,*

then you must provide proof to the CVBC that you are proficient in the English language at a level prescribed in s. 2.12 (2) of the Bylaws.

You must provide a copy of the report of your English language scores certified by a commissioner of oaths or notary public in Canada.

4. I hold a Diplomate Certificate issued by the ABVS/EBVS.

- Yes Area of Specialty: _____
- No (not applicable)

If you answered ‘Yes’, you must enclose a letter from the certifying board (ABVS/EBVS) to support this.

Even if you are registering in the PP class of registration, you must have your Specialty recorded in the Register, and you must promptly notify the CVBC of any future change to your diplomate status.

Please note that being a specialist is not a requirement for registration with the CVBC, but if you are a specialist we need this information.

5. Intended Place of Employment (once registered with CVBC):

Practice Name: _____

If you have employment already arranged, please provide the practice name in the space provided, and fill out the attached Registrant Information Update Form. If you do not yet have a position secured, you may write “pending” in the space provided above; however, you must inform the College promptly upon securing a position by submitting the Registrant Information Update Form to the College (addressed to the Registration Assistant). Failure to notify the College of the name of the practice facility from which you will be practicing may result in the revocation of your registration.

6. My full veterinary employment history (attach additional sheets if necessary):

Place of employment: _____

Location: _____ From: _____ To: _____

Description of employment: _____

Name of supervisor or employer for contact purposes: _____

Place of employment: _____

Location: _____ From: _____ To: _____

Description of employment: _____

Name of supervisor or employer for contact purposes: _____

7. I am, or was previously, registered or licensed to practise veterinary medicine, in the following jurisdictions (including BC or another province in Canada, and any foreign jurisdictions) (attach additional sheets if necessary).

Jurisdiction: _____ From: _____ To: _____

Jurisdiction: _____ From: _____ To: _____

Jurisdiction: _____ From: _____ To: _____

You must provide an original (or a copy certified by a commissioner of oaths or notary public in Canada) of the official 'Letter of Good Standing' as defined in the bylaws, s. 2.1 (17), 'Definitions' from each jurisdiction where you are or were licensed. For each jurisdiction that 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.

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

If this is not true, please attach a full written explanation of the circumstances

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

If this is not true, please attach a full written explanation of the circumstances

10. My entitlement to practice as a veterinarian 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, another province of Canada, or the foreign jurisdiction being suspended or cancelled:

If this is not true, please attach a full written explanation of the circumstances

11. I have not been charged or convicted of a criminal offence.

If this is not true please attach a full written explanation of the circumstances and an original or copy certified by a commissioner of oaths or notary public in Canada, of a national criminal record check from the police agency. The national criminal record check cannot be from a government department, Visa or passport official from that jurisdiction. Internet searches are not acceptable.

12. I provide the following additional personal information, which is collected for precise identification and statistical purposes.

- Male
- Female
- Gender Non-Conforming

Date of Birth: _____ City: _____ Country: _____

13. I include the following pieces of current Government-issued identification (two pieces, one of which must include a photo):

- Driver's License
- Provincial ID
- Passport
- Other: _____

You must provide copies certified by a commissioner of oaths or notary public in Canada.

14. I understand that I must write (and pass) the Bylaw Exam before my registration will be considered (and that I must undertake to attend the Bylaw seminar within my first year of registration with the CVBC).

I have reviewed the dates for upcoming schedule Bylaw Exams and will attend the exam on this date: _____

15. I agree that if I am granted registration and while so registered by the College of Veterinarians of British Columbia (CVBC), that I will act in accordance with the *Veterinarians Act* of British Columbia and the bylaws. I authorize the Registrar of the CVBC to obtain information from any other regulatory body concerning current or past registration, including particulars about complaint investigations (whether dismissed or leading to a consent resolution) and disciplinary or remedial actions. Further, I authorize those agencies, bodies or individuals possessing such information to provide it upon request to the Registrar of the CVBC, including without limitation, Canadian federal or provincial and American federal or state police agencies or any regulators of veterinary medical and health professionals.

16. All information included in this Application for Registration and the accompanying materials is true, accurate and verifiable to the best of my knowledge.

Declared before me at _____

In the jurisdiction of _____

Signed this ____ day of _____, 20____ Signature _____

Commissioner of Oaths or Notary Public in Canada for the Province of _____



College of Veterinarians of British Columbia

UNDERTAKING FOR TEMPORARY REGISTRATION FOR AN EXTERNAL LICENSED VETERINARIAN

I, _____, provide the following undertaking to the
College of Veterinarians of British Columbia (CVBC), pursuant to s. 2.15 of the CVBC Bylaws.

- I have read, understand and will comply with the Act, the bylaws and any applicable code or standards.
- I will restrict my Temporary registration for an external licensed veterinarian to the following active class of registration (please mark one only):
 - Private Practice
 - Public Sector
 - Specialty Private Practice
- I agree to restrict my temporary practice in accordance with s. 2.15 (4) to a maximum of 30 non-consecutive days for each registration.
- I agree to maintain a log recording the date(s) and practice facility names where I worked and to provide a copy to the registrar upon request.
- I understand that any breach of this undertaking may result in disciplinary consequences by the CVBC.

Signed this ____ day of _____, 20 ____

Signature _____



College of Veterinarians of British Columbia

UNDERTAKING FOR SPECIALTY PRIVATE PRACTICE

I, _____, provide the following undertaking to the
College of Veterinarians of British Columbia (CVBC), pursuant to s. 2.14 of the CVBC Bylaws.

- I have read, understand and will comply with the Act, the bylaws and any applicable code or standards.
- I will restrict my Specialty Private Practice registration in accordance with the scope of the diplomate certificate which I hold from the American Board of Veterinary Specialties (ABVS) or the European Board of Veterinary Specialists (EBVS), as evidenced by the attached letter from diplomate board of the ABVS/EBVS.
- I will promptly notify the CVBC of any future changes or alterations to my ABVS or EBVS diplomate status.
- I understand that any breach of this undertaking may result in disciplinary consequences by the CVBC.

Signed this ____ day of _____, 20____

Signature _____



College of Veterinarians of British Columbia

UNDERTAKING FOR PUBLIC SECTOR

I, _____, provide the following undertaking to the
College of Veterinarians of British Columbia (CVBC), pursuant to s. 2.13 of the CVBC Bylaws.

- I have read, understand and will comply with the Act, the bylaws and any applicable code or standards.
- I have provided proof of employment as a veterinarian in British Columbia by the Crown in right of Canada or by the Province of British Columbia or other similar employment.
- I will restrict my Public Sector registration to practice as a veterinarian in British Columbia as an employee of the Crown in right of Canada or by the Province of British Columbia or other similar employment.
- I understand that any breach of this undertaking may result in disciplinary consequences by the CVBC.

Signed this ____ day of _____, 20____

Signature _____



College of Veterinarians of British Columbia

CONTACT AND PRACTICE INFORMATION FORM

PART I: Contact Details

Registrants are required to inform the CVBC of their current contact information and the name(s) of the accredited facility(ies) from which they regularly provide veterinary services. If the registrant is a locum or consultant that is providing services from multiple facilities, then he/she need not list the facilities, but must instead declare that they are working in the capacity of a locum or consultant.

Full Name _____ Registrant # _____

Facility Name _____

Facility Address _____

Mailing Address _____

Work Phone _____ Fax _____ E-mail _____

Home Address _____

Home Phone _____ Cell _____ E-mail _____

Communications from the CVBC requiring delivery of hard copies should go to (choose one):

- Work Address Home Address

Communications that may be delivered electronically should go to (choose one):

- Work E-mail Personal E-mail

PART II: Online Registry

The *Veterinarians Act* requires the CVBC to maintain an online registry. Online publication of your business name, address and telephone number is **optional**.

Please choose one of the following options.

- I wish to have all of my business information listed.
- I wish to have only my business name and telephone number listed.
- I do not wish to have any of my business information listed.

PART III: Practice Information

Please indicate your areas of practice and the proportion of your practice that it represents.

- Small Animal _____%
- Equine _____%
- Large Animal _____%

Please indicate your areas of interest and the proportion of your practice that it represents.

- | | |
|--|--|
| <input type="checkbox"/> Academic _____% | <input type="checkbox"/> Government _____% |
| <input type="checkbox"/> Acupuncture _____% | <input type="checkbox"/> Homeopathy _____% |
| <input type="checkbox"/> Administration _____% | <input type="checkbox"/> Industrial _____% |
| <input type="checkbox"/> Ambulatory _____% | <input type="checkbox"/> Laboratory _____% |
| <input type="checkbox"/> Aquaculture _____% | <input type="checkbox"/> Llamas/Alpacas _____% |
| <input type="checkbox"/> Avian _____% | <input type="checkbox"/> Locum _____% |
| <input type="checkbox"/> Chiropractic _____% | <input type="checkbox"/> Marine Mammals _____% |
| <input type="checkbox"/> Dairy _____% | <input type="checkbox"/> Massage Therapy _____% |
| <input type="checkbox"/> Deer Farming _____% | <input type="checkbox"/> Ophthalmology _____% |
| <input type="checkbox"/> Dentistry _____% | <input type="checkbox"/> Pathology _____% |
| <input type="checkbox"/> Dermatology _____% | <input type="checkbox"/> Poultry _____% |
| <input type="checkbox"/> Embryo Transfer _____% | <input type="checkbox"/> Rabbits _____% |
| <input type="checkbox"/> Emergency _____% | <input type="checkbox"/> Referral Surgery _____% |
| <input type="checkbox"/> Exotics _____% | <input type="checkbox"/> Reptiles _____% |
| <input type="checkbox"/> Federal Government _____% | <input type="checkbox"/> Research _____% |
| <input type="checkbox"/> Feline _____% | <input type="checkbox"/> Sheep _____% |
| <input type="checkbox"/> Fish (pet) _____% | <input type="checkbox"/> Swine _____% |
| <input type="checkbox"/> Food Animals _____% | <input type="checkbox"/> Theriogenology _____% |
| <input type="checkbox"/> Fur-bearing _____% | <input type="checkbox"/> Wildlife _____% |
| <input type="checkbox"/> Goats _____% | <input type="checkbox"/> Zoo Animals _____% |

Signature _____

Date _____