



# College of Veterinarians of British Columbia

## REACTIVATING CVBC REGISTRATION

---

A CVBC registrant who has been in an **inactive class** (“Non-Practising” or “Retired”) for less than than 3 calendar years is eligible to apply to reactivate to an **active class** of registration (“Private Practice”, “Specialty Private Practice”, “Public Sector” or “Temporary”).

The requirements for application for reactivation are established in s. 2.25 of the CVBC bylaws (“Tranferring to active registration”).

To apply to reactivate your registration status from **inactive** to **active**, please provide the following to the CVBC for review:

1. The application for reactivation form (pages 2-6 of this document), completed and signed by the registrant;
2. A current (within the last 3 months) ‘passport-style’ photo
3. One new piece of current government-issued photo ID
4. The CE Declaration<sup>1</sup> & Bylaw Review Commitment form<sup>2</sup>;
5. Current letters of standing/licensure verification from all jurisdictions listed in Section I (sent *directly* to the CVBC by the licensing body);
6. Contact & Practice Information form to update your personal contact information, practice information and your permissions for publication in the CVBC Online Registry; and
7. Payment of:
  - a. Change in Registration Class Fee (if applicable) – see Schedule C of the bylaws; and
  - b. Annual Registration Fee, prorated to the date of reactivation (to the quarter year).

\*Additional items may be requested by the Registrar, depending on the class of registration being sought or following review of your registrant file

---

<sup>1</sup> CE hour requirements are prorated for the period a registrant is in an inactive class. However, we gather CE information to review compliance prior to the period of inactive registration and to ensure that the registrant’s file is up-to-date with regards to CE reporting. Alternatively, detailed reporting of CE courses and uploading of Certificates can be done by the registrant directly through their online registrant account.

<sup>2</sup> S. 2.25(2)(d) of the bylaws requires that a registrant wishing to transfer back to active registration must attend the CVBC Bylaw Seminar. By a January 2018 policy of the Registration Committee, the CVBC has waived this requirement in favour of a commitment by the registrant to refresh and update their knowledge of the CVBC bylaws and standards through independent review before returning to practice.

## CVBC Application to Reactivate Registration

---

I, \_\_\_\_\_, \_\_\_\_\_, request that  
*Please print full name* *Registration #*

my CVBC registration class be changed from **Non-Practising / Retired**  
*Circle one*

to \_\_\_\_\_, effective \_\_\_\_\_.  
*Desired Active Class* *Intended date of reactivation\**

*\*the actual date of reactivation will be subject to approval of this application by the CVBC and relies upon the office receiving all application requirements. The Registration Department will contact you upon receipt of this application to advise if there is any further information required.*

### **I. Licensing and Professional Practice History**

Use this section to identify any jurisdictions where you have held a license (or practised without need of a license) during the period of time that you were an Inactive registrant of the CVBC.

*You must arrange for each listed jurisdiction to provide a letter of standing/license verification directly to the CVBC (by mail or email). If you worked as a veterinarian in a jurisdiction where licensure was not required, the CVBC will require an explanation from the applicant, and official verification from an appropriate authority in that jurisdiction.*

a. **Jurisdiction** (Province/State, Country) \_\_\_\_\_

Name of Regulatory Body: \_\_\_\_\_

Type of License: \_\_\_\_\_ License #: \_\_\_\_\_

Dates of Licensure: \_\_\_\_\_ to \_\_\_\_\_

Time in Practice: (in years/months) \_\_\_\_\_

Nature of Work/Scope of Practice (species, services offered, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Continued on Page 3*

b. **Jurisdiction** (Province/State, Country) \_\_\_\_\_  
Name of Regulatory Body: \_\_\_\_\_  
Type of License: \_\_\_\_\_ License #: \_\_\_\_\_  
Dates of Licensure: \_\_\_\_\_ to \_\_\_\_\_  
Time in Practice: (in years/months) \_\_\_\_\_  
Nature of Work/Scope of Practice (species, services offered, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach extra sheets if needed)*

## **II. Work History**

Please detail your practice/work history (veterinary and non-veterinary; paid or unpaid) for the time since you last practised in British Columbia

a. **Name of Employer:** \_\_\_\_\_  
Location (City, Province/State/Country): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Description of employment: \_\_\_\_\_  
Name of Supervisor/Employer: \_\_\_\_\_  
Contact Info: (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

b. **Name of Employer:** \_\_\_\_\_  
Location (City, Province/State/Country): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Description of employment: \_\_\_\_\_  
Name of Supervisor/Employer: \_\_\_\_\_  
Contact Info: (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

*Continued on Page 4*

c. **Name of Employer:** \_\_\_\_\_  
Location (City, Province/State/Country): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Description of employment: \_\_\_\_\_  
Name of Supervisor/Employer: \_\_\_\_\_  
Contact Info: (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

*(attach extra sheets if needed)*

### **III. Declarations**

**With regards to the period of time since your transfer to your present inactive class of registration with the CVBC:**

1. Are you presently subject to an investigation, review or other proceeding by a regulatory body in Canada or any foreign jurisdiction that could result in your entitlement to practice as a veterinarian or in another profession being cancelled or suspended.

Yes                      No

*If 'yes', please attach a full written explanation of the circumstances.*

2. Has your entitlement to practice as a veterinarian or in another profession been cancelled or suspended by a regulatory body (in Canada or in a foreign jurisdiction)

Yes                      No

*If 'yes', please attach a full written explanation of the circumstances.*

3. Have you voluntarily relinquished your entitlement to practice as a veterinarian or in another profession in any Canadian or foreign jurisdiction, with the effect of preventing the commencement or completion of an investigation, review or other proceeding by the relevant regulatory body that could have resulted in your entitlement to practise in that jurisdiction being suspended or cancelled?

Yes                      No

*If 'yes', please attach a full written explanation of the circumstances.*

*Continued on Page 5*

4. Have you 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 your competence or fitness to practice as a veterinarian?

Yes                      No

*If 'yes', please attach a full written explanation of the circumstances.*

**I declare that** all information included in this application form and the accompanying materials is true, accurate and verifiable to the best of my knowledge.

**Registrant Name:** \_\_\_\_\_  
*Print legibly*

**Registrant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Continued on Page 6*

## **Authorizations and Undertakings**

- A. I authorize the Registrar of the CVBC to obtain a criminal record check from Canadian authorities and from any other jurisdiction where I have resided or held licensure while an inactive registrant of the CVBC.
- B. I authorize the Registrar of the CVBC to obtain information from any other regulatory body concerning current or past professional licensure or registration during my time as an inactive registrant of the CVBC, including particulars about complaint investigations (whether dismissed or leading to a consent resolution) and disciplinary or remedial actions.
- C. I authorize those agencies, bodies or individuals possessing the information described above to provide it upon request to the Registrar of the CVBC, including without limitation, law enforcement agencies.
- D. I undertake to promptly inform the CVBC of any material change to the information provided in this application.
- E. As a registrant of the CVBC, I undertake to continue to act in accordance with the *Veterinarians Act of British Columbia*, and the CVBC bylaws and practice standards.

**Registrant Name:** \_\_\_\_\_  
*Print legibly*

**Registrant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_