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 3 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 ("Transferring to active registration").

To apply to reactivate your registration status from an **inactive** to an **active class**, you must provide the following to the CVBC for review:

1. The Application to Reactivate Registration form (pages 2-8 of this document), completed and signed by the registrant;
2. A current (within the last 3 months) 'passport-style' photo (straight on photo of head/shoulders)
3. One piece of current government-issued photo ID
4. Current letters of standing/licensure verification from all jurisdictions listed in Section II of the application form (sent *directly* to the CVBC by the licensing body);

   and
5. 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 required depending on the class of registration being sought and/or requested by the Registrar following review of your application and registrant file

Suite 210, 10991 Shellbridge Way, Richmond, BC, Canada V6X 3C6 EMAIL: registration@cvbc.ca
TEL: 604-929-7090 FAX: 604-929-7095 TOLL FREE: 1-800-463-5399 WEB: cvbc.ca

Attach a current *(within last 3 months)* 'passport-style' photo



# CVBC Application to Reactivate Registration

I, _____, _____, apply to
*Please print full name* *CVBC Registration #*

transfer my current inactive CVBC registration (Non-Practicing or Retired class) to full registration in the following Active class of licensure *(select one)*:

- ☐ Private Practice
- ☐ Specialty Private Practice
  (area of specialty: _____)
- ☐ Public Sector

I would like the transfer to be effective as of _____.
*Intended date of transfer**

**NOTE: the actual date of transfer 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. Contact Information

Please complete the following to ensure that our records remain up-to-date.

_____
*Street Address*

_____
*City* *Province/State*

_____
*Country* *Postal/Zip Code*

_____
*Phone Number (mobile preferred)* *Email Address (this will be the CVBC's primary method of contact for all purposes, and will also be your username for your CVBC online account)*

## II. 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.*

*Continued on Page 3*

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):

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)*

## III. 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: _____

*Continued on Page 4*

b. **Name of Employer**: _____

Location (City, Province/State/Country): _____

Job Title: _____ Dates: _____ to _____

Description of employment: _____

c. **Name of Employer**: _____

Location (City, Province/State/Country): _____

Job Title: _____ Dates: _____ to _____

Description of employment: _____

*(attach extra sheets if needed)*

## IV. Diplomate Status

*The CVBC Bylaws require that Diplomate Status (specialty-board certification) must be officially documented and recognized by the CVBC for a registrant to be able to represent themselves as such to the public.*

### a. Previously documented Diplomate Status(es)

At each application for active registration (including reactivation), an applicant with an already-documented Diplomate status must provide current verification of their standing and status with their certifying College.

☐ I will/have made arrangements for the required verification to be sent to the CVBC

☐ Not Applicable

*You will need to arrange for your certifying College to send a letter of standing (should be sent directly to the CVBC office by mail, or by email to registration@cvbc.ca)*

### b. Opportunity to Declare New Diplomate Status

Do you have a new or previously undeclared Diplomate Status (American- or European-Board certification)? ☐ Yes ☐ No

If 'Yes', please provide the following:

Certifying College: _____

Credentials: _____

Date of Certification: _____

*You will need to provide proof of the above information and of current good standing with the certifying College (Diploma plus Letter of Standing OR Letter of Credential Verification and Standing). Letters from the certifying body should be sent directly to the CVBC office (by mail, or email to registration@cvbc.ca).*

## V. BC Work Information & Publication Permissions

### *a.* Intended Place of Veterinary Practice

*Veterinary services in BC must only be provided through CVBC-accredited practice facilities.*

When in BC, I will be practising at the following CVBC-accredited practice facilities:

_____

☐ I do not yet know where I will be practising as a registrant in BC, but understand that I can update my work information at any time within my online account.

### b. Online Publication of Practice Information

*The CVBC is required to maintain an Online Registry that provides registration details of all active and recently-former registrants. However, the CVBC must receive permission from a registrant to include the registrant's BC-based business information within their entry in the Online Registry. The exemption is intended to accommodate veterinarians that have home-based mobile practices or who shouldn't be directly accessible to the general public (eg. veterinarians employed in non-practice environments). Otherwise, it is generally in everyone's best interest to have a veterinarian's name associated with their practice facility in the Online Registry.*

I give the CVBC the following permission for publication of my BC work information (choose one):

☐ **All business information** (business/practice facility name, phone number and address)

☐ **Partial business information** (business/practice facility name, city and phone number, but not street address)

☐ **No business information** (your business/practice facility information will not be listed with your entry in the Online Registry, nor will your name appear in the list of veterinarians provided with the practice facility's entry in the online facility registry)

## VI. Declarations

### a. Continuing Education

*The CVBC bylaws require that all active registrants of the must complete 30 hours of CE during each 2-year CE cycle (Jan 1, ODD YEAR – Dec 31, EVEN YEAR), and establish that compliance with this requirement is assessed during annual registration renewal. The bylaws exempt inactive registrants from the CE completion and reporting requirements so long as they remain in an inactive class of registration. However, an inactive registrant seeking to return to active registration must prove completion of CE credits equivalent to what an active registrant would have been required to complete for the period of time that they held inactive registration. Compliance with this requirement forms a part of the Registrar's review of an Application to Reactivate Registration.*

*Reporting of CE hours must be done directly within your CVBC Online Registrant Account (portal.cvbc.ca), by following the link on your account dashboard to "CE Transcripts" and must include uploaded Certificates of Completion/Attendance.*

*Continued on page 6*

☐ Yes, I have reported CE sessions relevant to the duration of my time as an inactive registrant.

*Please contact the Registration Department (registration@cvbc.ca) to confirm how many hours of CE you must complete.*

### b. Review of BC Regulations

*In January 2018, the CVBC Council approved a policy to waive the Bylaw requirement (s. 2.25(2)(d)) for a registrant applying to reactivate to an Active class of registration, if they have been in an Inactive class for no more than 3 years. In lieu of requiring that the registrant attend the CVBC Bylaw seminar, the College requires a commitment to refresh and update their knowledge of the CVBC Bylaws (and Standards) through independent review before returning to practice.*

☐ I hereby undertake to independently review all CVBC Bylaws, Practice Standards, and Guidelines before returning to active practice. I understand that, as a CVBC registrant, it is my duty to be familiar with, respect, and comply with the *Veterinarians Act*, regulations, bylaws and any Standards approved by Council.

### c. Declarations regarding Character, Conduct & Fitness to Practice

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

1. To your knowledge, are you presently subject to an investigation, review or other proceeding by a regulatory body in British Columbia or any other 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. To your knowledge, has your entitlement to practice as a veterinarian or in another profession been cancelled or suspended by a regulatory body in British Columbia or any other jurisdiction?

   ☐ Yes ☐ No

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

3. To your knowledge, have you voluntarily relinquished your entitlement to practice as a veterinarian or in another profession in British Columbia or any other 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.*

4. To your knowledge, 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 character, 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 8*

## 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:** _____