

I DO SOLEMNLY DECLARE:

1. That since my last registration with the ABVMA, that I am registered (), have been registered (), or am in the process of applying to be registered () to practice veterinary medicine in the following jurisdictions. **Please list all:** *(Letters of good standing from EACH jurisdiction MUST be submitted with application).*

i) _____

ii) _____

iii) _____

List all Veterinary Technologist Employment History since last registration with ABVMA:

i) _____

ii) _____

iii) _____

(use separate sheets if necessary)

2. That I have () have not () been suspended, expelled or denied licensure from a Veterinary Technology Statutory Body or Licensing Authority. *(Attached hereto are full particulars, if any)*

3. That I have () have not () been convicted of any offence or presently face outstanding charges under the Criminal Code of Canada, the Narcotic Control Act, the Food and Drugs Act, or similar legislation in any jurisdiction. *(Attached hereto are full particulars of all such offences, if any)*

4. That I do () or do not () use any of the substances listed in Schedules G & H of the Food and Drugs Act, or any of the substances listed in the Schedule to the Narcotic Control Act. Further, I am not presently incapacitated due to addiction to alcohol or by other circumstances. *(Attached hereto are full particulars of my use, if any, of the aforementioned substances).*

9. That I hereby authorize the Alberta Veterinary Medical Association to make those inquiries that it deems relevant to my Application for Membership from:

- *those Professional Associations, Licensing Authorities, or Veterinary Technology Statutory Bodies of which I am or have been a member*
- *current or previous supervisors or employers*
- *any relevant organizations or agencies*

10. That I will undertake to practice the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinary Profession Act, the Regulation, Guidelines and Bylaws of the Alberta Veterinary Medical Association, and the Alberta Association of Animal Health Technologists, and in so doing uphold the honour and dignity of the veterinary profession.

11. That I authorize the Alberta Veterinary Medical Association to use any legal means to verify the statements on this application and authorize the release of such information from those relevant individuals, organizations or agencies. Should there be fees assessed by any of the above it will be at my expense.

I ALSO SOLEMNLY DECLARE THE FOLLOWING PERSONAL AND BUSINESS INFORMATION TO BE ACCURATE:

Personal Information (Mandatory)

Personal Information

In accordance with ABVMA information Policy, this information is required for ABVMA Member Roster purposes only. It will be used to contact you regarding individual membership matters and will not be distributed to the Public.

Home Mailing Address: (mailing address preferred)

Address: _____
City: _____
Province: _____ Postal Code: _____
Phone Number: _____
Cell Number: _____
*****Email:** _____

*****Please note the home contact information above is where ALL ABVMA correspondence will be directed to. If your address changes you are required to inform the ABVMA Office in writing to ensure that you receive correspondence. *****

Business Information for ABVMA Directory and Website
(for Public Distribution)

Employment

Employment Start Date: _____.

(Mandatory information – you are not legally entitled to work in Alberta until your registration has been approved by the ABVMA Registration Committee)

I will be working at the following ABVMA certified veterinary practice entity.

Name of Practice: _____ City: _____

I will be doing locum work only - not at a specific veterinary practice.

I will be working for the Provincial or Federal Government

Employers Name: _____ Department: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____ e-mail: _____

I will be working in industry

Employment Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____ e-mail: _____

I will be working in an Academic / Educational capacity

Employment Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____ e-mail: _____

I am not currently employed in the capacity of an Animal Health Technologist.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the force and effect as if made under oath, and by virtue of the Canada Evidence Act. I further understand that the provision of false information in this Application for Registration may be cause for disciplinary action by the Alberta Veterinary Medical Association and may render me liable to the discipline sanctions set out in the Veterinary Profession Act. R.S.A. 2001 c. V-2, as amended.

Signature of Applicant

To be completed by a Commissioner of Oaths, Notary Public or Justice of the Peace

Declared before me at _____ in the Province of _____
(City) (Province)

this _____ day of _____, 20 _____
(Day) (Month) (Year)

(Signature)

Commissioner of Oaths, Notary Public or Justice of the Peace for the Province of _____

ABVMA OFFICE USE ONLY:

Approved: _____ Date: _____
(Registrar)

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

- A **FULLY** completed application form
- **Letters of Good Standing from EACH jurisdiction that applicant has been registered to practice veterinary medicine in since leaving the ABVMA**
- **Declaration signed by Notary Public, Commissioner of Oaths, or Justice of the Peace**
- **Registration Application Fee (non-refundable)**
- **Applicable Membership Dues**
 - *Membership Dues are stated on a separate page with a break down. If unsure of the amount to send please contact the ABVMA office.*
 - *Payment may be made by Visa, MasterCard, Money Order or Personal Cheque (a fee of \$78.75 will be assessed on all NSF payments)*

**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: _____

Please note: Applications will not be processed until the Application Fee AND Membership Dues are received

An application will remain open for 6 months from the date of receipt of the application, and if not completed within that time, will be recorded as denied licensure for failure to complete application requirements.

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.

Incomplete applications will be returned unprocessed

Please return all documentation to the: