



# College of Veterinarians of British Columbia

*ATTACH  
PASSPORT  
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## APPLICATION FOR REGISTRATION

Complete this application form fully and precisely; **omissions or inaccuracies in your answers may delay your licensure.** The declaration must be made before a notary public or a commissioner. If the space provided for any answers is insufficient, complete your answer on a separate sheet. **Please review eligibility requirements before completing or filing this form.**

The process of registration with the CVBC is governed by the Bylaws, Part 2 – Registration.

Please send the original signed ‘Application for Registration’ and all additional sheets and supporting documentation with a cheque or money order in Canadian funds (\$525.00) to the address on this form to the attention of the Registration Coordinator (**registration@cvbc.ca**).

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

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Address</i>		
<i>City</i>	<i>Province/State</i>	<i>Country</i>
<i>Postal Code</i>	<i>Phone Number</i>	<i>E-mail Address</i>

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

**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 certified true copies (by a commissioner of oaths or notary public in Canada or other official empowered by statute).*

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

- Private Practice
- Public Sector (proof of employment and undertaking required)
- Specialty Private Practice (undertaking required)
- Temporary For External Licensed Veterinarian (undertaking required)

**Intended Place of Employment (once registered with CVBC):**

Practice Name: \_\_\_\_\_

*If you have secured employment, please provide the practice name and fill out a Registrant Information Update Form.*

*If you do not yet have a position secured, you may write “pending” in the space provided above. You must inform the College promptly upon securing a position by submitting the 'Contact and Practice Information Form' to the College (e-mail to [registration@cvbc.ca](mailto:registration@cvbc.ca)). Pursuant to s. 3.5 of the bylaws, a registrant must only provide veterinary services in or from an accredited practice facility. 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.*

**I declare the following to be true, accurate and complete:**

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

- Canadian Citizenship
- Permanent resident of Canada
- Canadian work permit allowing employment as a veterinarian

*You must provide proof by way of the original or a certified true copy.*

**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 the original or a certified true copy of your veterinary degree or diploma. If you did not obtain instruction in English, you will be required to demonstrate English language proficiency (valid test score, obtained within 2 years of application).*

**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        Explanation: \_\_\_\_\_

*If you answered 'Yes', then you must provide a certified true copy.*

*A CQ is not required for Specialty Private Practice (SPP) or Public Sector (PS) classes of registration.*

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

- Yes      Area of Specialty & Credentials: \_\_\_\_\_
- No

*If you answered 'Yes', you must enclose a copy of your diploma and a letter from the certifying board (ABVS/EBVS) verifying your status.*

*All classes of registrants must disclose any diplomate certifications and promptly notify the CVBC of any change to your diplomate status.*

**5. My paid or volunteer employment history for the past 5 years (attach additional sheets if necessary):**

Name and Location of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Description of employment: \_\_\_\_\_

Name of supervisor or employer: \_\_\_\_\_

Supervisor/Employer Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and Location of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Description of employment: \_\_\_\_\_

Name of supervisor or employer: \_\_\_\_\_

Supervisor/Employer Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and Location of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Description of employment: \_\_\_\_\_

Name of supervisor or employer: \_\_\_\_\_

Supervisor/Employer Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and Location of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Description of employment: \_\_\_\_\_

Name of supervisor or employer: \_\_\_\_\_

Supervisor/Employer Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**6. I practised veterinary medicine in the following jurisdictions (attach additional sheets if necessary). New graduates must list any jurisdictions where they worked as a student veterinarian or held student licensure.**

Regulatory Body: \_\_\_\_\_ Location: \_\_\_\_\_

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

Dates of Licensure From (year): \_\_\_\_\_ To (year): \_\_\_\_\_

Time spent in practice: \_\_\_\_\_ years and/or \_\_\_\_\_ months

Scope of Practice (species, services offered, etc.) \_\_\_\_\_

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Regulatory Body: \_\_\_\_\_ Location: \_\_\_\_\_

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

Dates of Licensure From (year): \_\_\_\_\_ To (year): \_\_\_\_\_

Time spent in practice: \_\_\_\_\_ years and/or \_\_\_\_\_ months

Scope of Practice (species, services offered, etc.) \_\_\_\_\_

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*We will require a letter of standing and registration from each jurisdiction.*

*If you have ever practiced veterinary medicine under a different first name or surname formally or informally, please provide particulars:*

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- 7. While attending at a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct?**
- Yes (Please provide details of the allegations, suspension, expulsion or penalty imposed upon you on a separate sheet)
  - No
- 8. Have you ever, as a member of a professional or other organization, had disciplinary action commenced against you, or been censured, suspended or disqualified?**
- Yes (give full particulars on a separate sheet)
  - No
- 9. Have you ever been denied, or had revoked, a license or permit supported by a requirement of proof of good character?**
- Yes (give full particulars on a separate sheet)
  - No
- 10. Have you ever been refused registration as a licensed or registered professional in any jurisdiction?**
- Yes (give full particulars on a separate sheet)
  - No
- 11. Have you ever been imprisoned for failing to obey a court order?**
- Yes (give full particulars on a separate sheet)
  - No
- 12. Have you ever been charged, in Canada or elsewhere, with any crime, offence or delinquency under a statute or ordinance (excluding parking or speeding tickets if you have received fewer than five such tickets in the last three years)?**
- Yes (please attach a full written explanation of the circumstances)
  - No

I, \_\_\_\_\_, do solemnly declare that:  
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1. I am the applicant described in this application for enrollment;
2. I have personal knowledge of the information I have added in completing this application;
3. The information is true, accurate and complete; and

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same legal force and effect as if made under oath.

Declared before me in \_\_\_\_\_ in the  
*Municipality*

Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for the Province of \_\_\_\_\_, or a

Commissioner for taking affidavits for \_\_\_\_\_.

Applicant Signature \_\_\_\_\_

**Authorizations and Undertakings:**

- A. I authorize the Registrar of the College of Veterinarians of British Columbia (CVBC) to obtain a copy of my transcripts and diploma from my veterinary educational institution or (if applicable) from the AA VSB or the National Examination Board (NEB).**
  
- B. I authorize the Registrar of the CVBC to request information on past, present or contemplated investigations or inquiries by my veterinary educational institution regarding my conduct during the period of my veterinary studies.**
  
- C. I authorize the Registrar of the CVBC to obtain a criminal record check from Canadian authorities and from other jurisdictions where I have resided or held licensure.**
  
- D. I authorize the Registrar of the CVBC to obtain information from any other regulatory body concerning current or past professional licensure or registration, including particulars about complaint investigations (whether dismissed or leading to a consent resolution) and disciplinary or remedial actions.**
  
- E. 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.**
  
- F. I undertake to promptly inform the CVBC of any material change to the information provided in this application.**
  
- G. If I am granted registration by the CVBC, I undertake to act in accordance with the Veterinarians Act of British Columbia and the CVBC bylaws and practice standards.**

**Applicant Name** \_\_\_\_\_  
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**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## College of Veterinarians of British Columbia

### UNDERTAKING FOR TEMPORARY REGISTRATION FOR AN EXTERNAL LICENSED VETERINARIAN

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*Registration in the **Temporary For External Licensed Veterinarian (TEMP)** class of registration requires a signed undertaking. Attendance at the bylaw seminar and passing the bylaw exam is not required.<sup>1</sup>*

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 all practice 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 (additional undertaking required)
  - Specialty Private Practice (additional undertaking required)
- I agree to restrict my temporary practice in accordance with s. 2.15 (4) to a maximum of 30 days for each registration (consecutive or non-consecutive).
- 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\_\_\_\_

**Applicant Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
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<sup>1</sup> Bylaws s. 2.1 (14): “external licensed veterinarian means a person who ... (a) is registered or licensed a veterinarian by a regulatory body in another province of Canada or a foreign jurisdiction recognized by the registrar, and holds substantially the same class of registration as required of an active registrant”



## College of Veterinarians of British Columbia

### UNDERTAKING FOR SPECIALTY PRIVATE PRACTICE

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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.

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 practice standards.
- I will restrict my Specialty Private Practice registration in accordance with the scope of the diplomate certificate which I hold from a College recognized by the American Board of Veterinary Specialties (ABVS) or the European Board of Veterinary Specialists (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.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_  
*Print legibly*



# College of Veterinarians of British Columbia

## UNDERTAKING FOR PUBLIC SECTOR

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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 (attach letter of employment or contract); 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.

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 practice 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\_\_\_\_

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_  
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