



College of Veterinarians of British Columbia

LETTER OF PROFESSIONAL STANDING REQUEST FORM

Please submit the completed form to the CVBC office by email to reception@cvbc.ca.

Note: **Pre-payment** of the Fee for a Letter of Professional Standing, **\$68.25** (\$65 + GST), must be received (in Canadian funds) by the CVBC before the Letter of Professional Standing Request will be processed. You may pay by:

- Visa or Mastercard - an electronic invoice will be sent to you by email once the application has been received, and can be paid online;
- or
- Cheque (via mail)

I, (name) _____ (Registration # _____), **request and authorize** the College of Veterinarians of British Columbia (CVBC), formerly the British Columbia Veterinary Medical Association (BCVMA), to provide a Letter of Professional Standing to the organization(s)/individual(s) listed on **Page 2** of this form.

I understand that a Letter of Professional Standing will provide a summary of the following information relevant to my registration history with the CVBC/BCVMA:

- my full name, date of birth and, if applicable, any previous variations of my legal name in the CVBC's register,
- my date of first registration, my current registration status, and any ABVS/EBVS-recognized specialist credentials that have been formally registered with the CVBC,
- a summary of any registration class changes, including any cancellations or suspensions imposed (with explanation),
- any published actions taken by the Investigation (IC) or Discipline (DC) Committees*, and
- any published limits or conditions imposed upon my practice of veterinary medicine.

*With the exception of published disciplinary actions, the CVBC is not authorized to disclose any complaints investigation and/or discipline history without a registrant's direct consent. **Please indicate below** whether or not you authorize the CVBC to disclose any non-published complaints and discipline history in your record.

IN ADDITION TO THE ABOVE INFORMATION, I ALSO AUTHORIZE THE CVBC TO DISCLOSE INFORMATION REGARDING:

- | | | |
|---|-----|----|
| 1. Any open complaint investigations that are not yet resolved.
(Includes complaint investigations and/or disciplinary proceedings that are pending or underway) | YES | NO |
| 2. Any past disciplinary actions that are no longer published on the CVBC website. | YES | NO |

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I authorize the following Regulatory Body(ies) (or other) to receive this Letter of Professional Standing:

*The CVBC will send a copy of a letter of good standing to more than one recipient named within a single Letter of Good Standing Request Form at no extra charge (attach additional pages if necessary).
If requests for letters of good standing to different organizations are submitted independently of one another, a fee will be assessed for each request form received.*

NOTES:

- Letters of Professional Standing are only sent electronically.
- If the target jurisdiction has its own form for the CVBC to complete, attach it to this request.
- If the jurisdiction has an online verification platform for the CVBC to respond within instead of requiring a letter, indicate that below (and provide direction for accessing platform)

1. Name of Organization:

Attention to:

Email Address:

YES, there is a separate form to also be completed by the CVBC *(attach and submit with this request form)*

YES, there is an online verification platform for the CVBC to report into into instead of sending a Letter of Professional Standing

2. Name of Organization:

Attention to:

Email Address:

YES, there is a separate form to also be completed by the CVBC *(attach and submit with this request form)*

YES, there is an online verification platform for the CVBC to report into into instead of sending a Letter of Professional Standing

3. Name of Organization:

Attention to:

Email Address:

YES, there is a separate form to also be completed by the CVBC *(attach and submit with this request form)*

YES, there is an online verification platform for the CVBC to report into instead of sending a Letter of Professional Standing

Registrant Signature: _____

Date: _____