

Prince Edward Island Veterinary Medical Association

Application for Membership and License

Forward complete application package with associated fees to
Registrar, PEIVMA,
Box 21097, 465 University Avenue, Charlottetown, PE, C1A 9H6

I hereby make application for membership registration as: **(Please check one)**

Regular Short-Term Associate

I hereby make application for licensure as: **(Please check one)**

General Practice Academic Educational Short-Term

Professional activity if application accepted: (check appropriate)

- | | |
|---|---|
| <input type="checkbox"/> 1 Small Animal | <input type="checkbox"/> 5 Government (any level) |
| <input type="checkbox"/> 2 Large Animal | <input type="checkbox"/> 6 Teaching |
| <input type="checkbox"/> 3 Equine | <input type="checkbox"/> 7 Research |
| <input type="checkbox"/> 4-1 Mixed Practice (Primarily Large Animals) | <input type="checkbox"/> 8 Industry |
| <input type="checkbox"/> 4-2 Mixed Practice (Primarily Small Animals) | <input type="checkbox"/> 9 Other (includes retired) |

Full Name:

(first name)

(middle name)

(surname)

Date of Birth: _____

Place of Birth: _____

Last four digits of S.I.N. # (or Social Security No.): _____

Full Mailing Address

Street

City

Province/State

Country

Postal code

Telephone #

The PEIVMA corresponds with its members by email. Provide your current email address. In doing so, you agree to accept correspondence from PEIVMA via email.

Current Email address **(please print legibly)**

I DO SOLEMNLY DECLARE THAT:

1. My citizenship is _____

2. I graduated (or am about to graduate) with a degree in Veterinary Medicine from:

University or College	Year	Degree
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3. I have obtained the following other degrees

University or College	Year	Degree
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University or College	Year	Degree
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4. If accepted and while so registered, I will act in a professional and becoming manner, in accordance with the Prince Edward Island Veterinary Medical Act and Bylaws, together with the Code of Ethics and Standards of Practice of the PEI Veterinary Medical Association . YES () NO ()

5. I have never been denied a license to practice veterinary medicine nor has my right to practice been suspended or revoked by any veterinary licensing body. YES () NO ()

6. I have no unresolved complaints registered against me and I am not currently under investigation by a veterinary licensing body. YES () NO ()

7. I have no disciplinary findings against me. YES () NO ()

8. I have never been convicted of any offence under the Criminal Code of Canada or the controlled Drugs & Substances Act (Canada), for which a pardon has not been granted, nor have I been convicted of any offence that is inconsistent with the proper professional behavior expected of a veterinarian. YES () NO ()

IF YOU ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS, NOTE THE NUMBER AND EXPLAIN HERE:

9. I am licensed, or was previously licensed, and eligible to practice veterinary medicine in the following jurisdictions (including PEI). **(Letter(s) of good standing from jurisdictions listed below must be forwarded directly to the PEIVMA.) (Use the back of the page if additional space is required.)**

Jurisdiction	From	To
Jurisdiction	From	To
Jurisdiction	From	To

10. The facility in which I intend to practice will be an accredited facility.

Place of employment _____

Date of employment _____

Describe emergency provisions _____

11. I am covered by a professional liability insurance policy, provided by: myself employer

12. I have attended the following **CONTINUING EDUCATION** courses in the past 2 years (a minimum of 20 hours of approved CE is required every 2 years to practice in PEI).

Date	Hours Claimed	Program	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATION OF APPLICANT

I, (please print) _____ am familiar with the Prince Edward Island Veterinary Medical Association (PEIVMA) Act and Bylaws and do solemnly declare my willingness to uphold the honour and dignity of the profession, that I will undertake to practice veterinary medicine in a professional and becoming manner and in accordance with the Act and Bylaws of the PEIVMA including any and all restrictions imposed by said Act and Bylaws, and that my name has not been removed from the register of any veterinary association by reason of an indictable offence. The information in this application is correct to the best of my knowledge, information and belief, and I understand and agree that, in the event that any information provided above is incorrect, the PEIVMA may suspend or cancel any registration or license granted by it. I also hereby authorize the Prince Edward Island Veterinary Medical Association (PEIVMA) to make those inquiries that it deems relevant to my application for membership and licensure in the PEIVMA from those educational institutions that I have attended and those professional associations of which I am or have been a member. I also hereby authorize those educational institutions and professional associations to provide to the PEIVMA all such information requested by it.

The Prince Edward Island Veterinary Medical Association (PEIVMA) communicates with its members primarily through electronic means (e.g. email, electronic newsletters, etc.) I agree to accept electronic communications from the PEIVMA (express consent) and I will contact the PEIVMA office to unsubscribe should my wishes change in this regard.

Signature of Applicant

Date

*An additional rush fee of \$150 plus HST will be applied to applications requiring approval less than three weeks prior to start date.
A minimum of five business days must be given for processing.
Failure to provide all documentation will delay processing.*