

**Prince Edward Island Veterinary Medical Association
Application for Short-Term Membership & Licence**

I hereby make application for membership and licensure as: () 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: _____

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**)

DECLARATIONS:

1. My citizenship is _____

2. I graduated with a degree in Veterinary Medicine from:

University or College	Year	Degree
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3. If accepted and while so registered, do you agree to 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

4. Are you competent, capable, and of such character to safely and ethically practice veterinary medicine? Yes

5. Do you have any unresolved complaints or disciplinary actions registered against you or are you currently under investigation by any veterinary licensing body? Yes No

6. Have you 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, or convicted of any offence that is inconsistent with the proper professional behavior expected of a veterinarian? Yes No

7. Have you ever been denied a licence to practice veterinary medicine or has your right to practice been suspended or revoked by any veterinary licensing body (including PEIVMA)? Yes No

8. I authorize the Prince Edward Island Veterinary Medical Association to make those inquiries deemed relevant to my application for membership and I further authorize those agencies and bodies holding such information to provide them upon request by the Prince Edward Island Veterinary Medical Association. Agree

9. The Prince Edward Island Veterinary Medical Association (PEIVMA) primarily communicates with its members 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. Agree

IF YOU ANSWERED "YES" TO QUESTION 5, 6, or 7, NOTE THE NUMBER AND EXPLAIN HERE:

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

Place of employment _____

Date of employment _____

Name of PEI veterinarian with whom you will be affiliated _____

11. I am licensed and eligible to practice veterinary medicine in the following jurisdiction and which is the jurisdiction which I consider as my principal licensing body. **A Letter of Standing (Licence Verification) from this jurisdiction must be forwarded directly to the PEIVMA).**

Jurisdiction	Date First Issued
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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. 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

As Sponsoring Veterinarian, I, _____ declare that I understand and accept the responsibilities as outlined in the Association Bylaws and agree to accept liability for the applicant, both in relation to the Association and the clients with whom the applicant comes into contact, and that I will be responsible for continuing after the applicant leaves Prince Edward Island any veterinary care started in Prince Edward Island by the applicant.

Signature of Sponsoring Veterinarian: _____

An additional rush fee of \$150.00+HST (\$21.00) may be applied to applications requiring approval less than 3 weeks prior to start date.

A minimum of five business days must be given for processing.

Failure to provide all required documentation and fees will delay approval of application.

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

Email address: registrar@peivma.ca

Please provide written notice to the registrar of resignation from the PEIVMA .