



RESIGNATION FORM

To notify the Association of your decision to resign your registration and licence, please complete this form and mail, e-mail or fax it to the registrar for processing. (registrar@peivma.ca)

PEI Veterinary Medical Association,
PO Box 21097, 465 University Ave.,
Charlottetown, PEI, C0A 9H6
Fax: 902 367 3176

Questions?

Please call: 902 367 3757
Email: admin@peivma.ca

TO: THE REGISTRAR OF THE PEI VETERINARY MEDICAL ASSOCIATION

I hereby resign my registration and licence with the PEI Veterinary Medical Association.

I understand that, upon the effective date indicated below, my licence to practice veterinary medicine in Prince Edward Island will cease, and I may no longer practise veterinary medicine in PEI.

I also understand that, if I wish to practise veterinary medicine in Prince Edward Island after my licence is cancelled, I must first apply for another licence and must meet the licensing requirements as they exist at the time of application.

I am aware that, despite my resignation, I remain subject to the continuing jurisdiction of the PEI Veterinary Medical Association.

Note: The PEIVMA will retain your current address on file, if you have moved or will be moving please update your file on MemberDB.

Please indicate one of the following as the reason that you are resigning your licence.

- Completion of studies at the Atlantic Veterinary College
- Retirement
- Change in Professions
- Have left the province, but remain in Canada
- Have left Canada
- Leave of absence
- Other _____

Effective Date of Resignation _____ Licence Number _____

Signature of Resigning Member _____

Print Name _____ Date _____