



LICENSURE APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Preferred First Name _____

Have you practised veterinary medicine under any other name? No Yes

If yes, provide those names _____

Sex Male Female Date of Birth _____ (mm/dd/yyyy)

Have you ever been licensed by the CVO? No Yes If yes, indicate CVO Licence # _____

LICENCE TYPE SOUGHT

- General
- Restricted to Practice
 - Under Supervision _____ (Immediate, Direct, Indirect)
 - For this Employer _____ (name, licence # if applicable, and address)
 - Within this Scope of practice _____ (species, procedure, service, etc)
- Public Service
- Short Term
- Academic (full-time OVC appointment at professorial rank)
- Educational (postgraduate veterinary program at OVC)
- Post-Graduate/Resident (OVC Intern, Resident, or DVSc student)

Please view the [Registration Requirements](#) for a detailed listing of the licensure requirements and the associated acceptable supporting documentation that must be submitted with your application. If you are requesting an exemption to a registration requirement, please click [here](#) to view the Registration Process.

ADDRESSES

Preferred Mailing Home Primary Practice

E-Mail (for use by CVO) _____ (must be unique and not a shared address)

CURRENT HOME

Street No. or R.R. No. _____ City _____
Province _____ Country _____ Postal Code _____
Telephone _____ Fax _____

INTENDED PLACE of PRACTICE in ONTARIO (if known)* Start Date _____

Practice or Company Name _____
Street No. or R.R. No. _____ City _____
Province _____ Country _____ Postal Code _____
Telephone _____ Fax _____

CURRENT WORK ADDRESS (if applicable)

Practice or Company Name _____
Street No. or R.R. No. _____ City _____
Province _____ Country _____ Postal Code _____
Telephone _____ Fax _____

*NOTE: Once licensed, your primary place of practice must be posted on the CVO Public Register. If this is not known at time of licensure, your home address will be posted.

APPLICANT TYPE

Indicate your applicant type.

Graduate of

- a veterinary school accredited by the AVMA-COE (see AVMA Directory of Veterinary Colleges)
- a veterinary school NOT accredited by the AVMA-COE

Participant or Graduate of the Veterinary Skills, Training, and Enhancement Program (VSTEP)

- participant from _____ to _____
- graduate with certificate dated _____

Ontario Labour Mobility Act* applicant

*NOTE: Applicants with a current licence in another Canadian Jurisdiction applying under the Ontario Labour Mobility Act must provide copies of academic and National Board Exam documentation to the CVO on request.

PROFESSIONAL LICENSURE HISTORY

Are you or have you been registered/licensed to practise as a veterinarian outside of Ontario Yes No

If yes, provide the information requested below for EACH registration or licence.

• Regulatory body _____ Location _____ Type of Licence _____
Licence # _____ Dates of Licensure From _____ to _____ (yyyy to yyyy)
Scope of Practice (species, services offered, etc) _____
Time spent in practice _____ years and/or _____ months

• Regulatory body _____ Location _____ Type of Licence _____
Licence # _____ Dates of Licensure From _____ to _____ (yyyy to yyyy)
Scope of Practice (species, services offered, etc) _____
Time spent in practice _____ years and/or _____ months

*NOTE: If required, please append additional registration/licence information on a separate sheet headed "Professional Licensure History"

LANGUAGE PROFICIENCY

Language your undergraduate education in veterinary medicine was delivered in.

English French Other _____

Language your primary and secondary-school program was delivered in.

English French Other _____

If both of the above answers are "other," indicate the English or French language-proficiency test you have taken.

iB-TOEFL IELTS CAEL MELAB OLF Date of Test _____

Other English Test _____

Other French Test _____

*Note: Official test score results dated within the previous 2 years must be submitted with the application for licensure. Please see the Registration Committee's [English-French Language Proficiency Policy](#) for minimum score requirements, acceptable submission methods and further information.

Language(s) that you are able to deliver veterinary services in.

English French Other _____

ELIGIBILITY TO WORK/STUDY IN CANADA

Indicate your citizenship/immigration status.

- Canadian Citizen
- Permanent Resident or Landed Immigrant
- Holder of a Valid Work/Study Permit Expires _____
- Other (eg: applicant for permanent residency) _____

EDUCATIONAL/ACADEMIC CREDENTIAL INFORMATION

Veterinary Undergraduate Degree
University _____ Year of Graduation _____

Other academic degree(s) or credentials
University _____ Year of Graduation _____ Degree _____
Subject _____

AVMA/CVMA Veterinary Board Certification

Veterinary Speciality Organization _____ Speciality _____
Year attained _____ Year that current certification expires (if applicable) _____

Have you had a specialty board certification withdrawn? Yes No
If yes, in what year was it withdrawn: _____

NORTH AMERICAN VETERINARY BOARD EXAMINATIONS (NBE)

Required for General, Restricted, and Public Service Licences:
North American Veterinary Licensing Examination (NAVLE): date of successful attempt _____ (mm/yyyy)

For graduates of unaccredited veterinary programs:
Basic Clinical Sciences Exam (BCSE): date of successful attempt _____ (mm/yyyy)
Clinical Proficiency Exam (CPE): date of successful attempt _____ (mm/yyyy)

Required for all applicants: Have you ever failed any part of the NAVLE, BCSE or CPE? Yes No

If yes, please provide details (what parts, dates of attempts, next scheduled test dates, etc.):

Do you hold a Certificate of Qualification from the Canadian Veterinary Medical Association? Yes No

Do you hold a Certificate from the Education Commission for Foreign Veterinary Graduates? Yes No

PROFESSIONAL ACTIVITIES

Please provide information about your current or intended practice of veterinary medicine once licensed in Ontario:

Employment Function Indicate with a check mark your main function at your primary employer	
Clinical Practice	
Production Medicine / Herd Health	
Food Inspection & Disease Control	
Administration / Management	
Education / Teaching	
Research	
Sales & Service	
Consulting	
Other (please specify):	
Inactive	

Employer Type Indicate with a check mark how to classify your primary employer (once licensed)	
Private Practice (self-employed or employed by another member)	
Federal Government	
Provincial Government	
Municipal Government	
University of Guelph	
Other University / College	
Industry	
Other (please specify):	
Inactive – not currently employed	

Patient Type(s) or Animal Population(s) Report with a check mark patient types that you serve at your primary practice. Only include types that comprise of 10% or more of your practice.	
Companion Animal	
Dog	
Cat	
Pocket Pet	
Bird	
Reptile	
Equine	Food Animal
Pleasure	Beef
Breeding	Dairy
Performance	Swine
Racing	Small Ruminant
	Poultry
	Small Flock
Other	
Aquatic	
Lab Animals	
Wildlife	
Zoo Animals	
Human (Public) Health	
Other (please specify):	
Not Applicable	

Practice/Research Areas If appropriate, indicate with a check mark any specific areas of veterinary medicine that you will focus on or have a particular interest in more than other areas in your practice (clinical or nonclinical). Leave blank if you consider yourself a general practitioner	
Acupuncture	Neonatal Care
Anesthesiology	Neurology
Bacteriology	Nutrition
Behaviour	Oncology
Breeding	Ophthalmology
Cardiology	Orthopaedic
Chiropractic	Pain
Dentistry	Parasitology
Dermatology	Pathology
Emergency Medicine	Pharmacology
Endocrinology	Preventive medicine
Epidemiology	Pulmonary
Gastroenterology	Radiology/Ultrasonography
Genitourinary	Rehabilitation
Geriatrics	Shelter Medicine
Immunology	Surgery
Infectious disease	Theriogenology
Internal medicine	Toxicology
Laboratory medicine	Virology
Microbiology	Zoonoses
Musculoskeletal	Other:

PROFESSIONAL CONDUCT

The College's [Applicant Character Assessment Policy Statement](#) provides information to assist with the completion of the questions below. This policy also includes definitions of words used in the questions below.

If you answer "yes" to any of the following questions, prepare and attach to the application, a written statement that includes a full answer to the question and explains your position as to whether or not the issue identified could reasonably be seen as relevant to your suitability to practise veterinary medicine. Without this, the College cannot proceed with your application. Later in the process, the College may ask you for further explanation or documentation. An affirmative answer to any of these questions does not necessarily mean that you will be refused a licence.

1. Have you ever been found guilty of any offence in any jurisdiction, other than under the Highway Traffic Act? Yes No
2. Are you the subject of a current proceeding in respect of any offence in any jurisdiction, other than under the Highway Traffic Act? Yes No
3. Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding, in Ontario or any other jurisdiction in relation to veterinary medicine or any other profession or occupation? Yes No
4. Are you currently the subject of professional misconduct, incompetence or incapacity proceedings or any like proceeding, in Ontario or any other jurisdiction in relation to veterinary medicine or any other profession or occupation? Yes No
5. Do you have any physical or mental condition or disorder that could affect your ability to practice veterinary medicine in a safe manner? Yes No
6. Is there any other event or circumstance that may be considered relevant to your suitability to practice veterinary medicine in a safe and ethical manner? Yes No

DECLARATIONS

I agree and understand that I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions in the above professional conduct section. I agree and understand that I must notify the College in writing of any change to my address, phone number or employment information within 30 days of the change occurring. I understand that these requirements will continue even after the date my licence is issued.

I confirm that I am the person submitting this application and that the copy of the photo identification submitted is a true likeness of me, that all of the statements made and the information provided in this application, as well as any supporting documents, are true and complete to the best of my knowledge. I understand and agree that if I make a false or misleading statement or representation in respect of my application, I shall be deemed not to have satisfied the requirements for a licence. I further understand and agree that if a licence is issued to me based on a false or misleading statement or representation that the Registrar will take such action as appropriate under the legislated authority.

I agree

Name (please print)

Signature

Date (mm/dd/yyyy)

****Note:** An application and supporting documentation are valid for 1 year, once submitted. Each application is reviewed on a case-by-case basis and the Registrar retains the right to seek resubmission of any outdated materials. The need for resubmission of application materials is determined by the applicant's current activities. If an applicant is asked to resubmit any part of an application, the application fee will not be charged again.

NB - The information collected on this form is used for the purpose of regulating the profession and practice of veterinary medicine. The immediate purpose for collecting this information is primarily to process this application. For more information, see the [CVO's Privacy Code](#) or contact CVO's Privacy Officer & Registrar.

APPLICATION REQUIREMENTS

Please click on the licence type sought to view a detailed listing of the licensure requirements and the associated acceptable supporting documentation that must be submitted with your application.

[General or Restricted Licence](#)

[Postgraduate and Resident Licence \(PGR\)](#)

[Academic Licence](#)

[Educational Licence](#)

[Public Service Licence](#)

[Short Term Licence](#)

SUBMITTING YOUR APPLICATION

Your application for licensure and fee information can be mailed, e-mailed or faxed to:

College of Veterinarians of Ontario
2106 Gordon Street Guelph, ON N1L 1G6
Fax: 519-824-6497 or 888-662-9479 (Toll Free in Ontario)
Email: Sarah Kirby skirby@cvo.org

Questions?

Please call 519-824-5600 or 800-424-2856 (Toll Free (in Ontario) ext. 2228

FEE INFORMATION

APPLICATION FEE

Submit application fee with the Application in order to initiate processing.
\$100.00 + \$13.00 HST = \$113.00

CVO EXAM FEE

If applicable for licence type sought, submit exam fee with application.
\$175.00 + \$22.75 HST = \$197.75

LICENCE FEE SCHEDULE

Payable on notification by CVO that your application has been approved. The licence fee must be paid before licence will be issued.

For all licences except Educational and Short-Term

2017 Fees

Jan 1 to Dec 31	\$1000 + \$130.00 HST	= \$1130.00
Apr 1 to Dec 31	\$700 + \$91.00 HST	= \$791.00
Jul 1 to Dec 31	\$500 + \$65.00 HST	= \$565.00
Oct 1 to Dec 31	\$300 + \$39.00 HST	= \$339.00

Educational Licences

Jan 1 – Dec 31	\$250 + \$32.50 HST = \$282.50
Jan 1 – Jun 30	\$125 + \$16.25 HST = \$141.25
Jul 1 – Dec 31	\$125 + \$16.25 HST = \$141.25

Short-Term Licences

30-day period	\$250 + \$32.50 HST = \$282.50
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Notes:

- 1) If you are submitting an application within one year of the resignation or expiry date of a previously held licence with the College then the application fee will not be applied.
- 2) If you are submitting an application after your licence was cancelled for non-payment of fees or failure to file an information return, you must pay the application fee (\$100.00), the outstanding late fee (\$200.00) and reinstatement fee (\$200.00). If your licence has been cancelled for more than one year, payment of the application fee (\$100.00) and reinstatement fee (\$200.00) are required.

Payment is accepted by VISA, MasterCard or cheque.

Credit Card Payment VISA MasterCard

Authorized payment amount CDN\$ _____

Card Number _____ CCV # _____

Credit card expiration date (mm/yyyy) _____

Cardholder's name _____

Cardholder's signature _____

Note: Credit card numbers are not retained and will be shredded after processing.