

## UNDERTAKING FOR SHORT-TERM LICENCE

This undertaking must be completed and returned by mail, fax or email to the CVO Registrar before commencement of any practise by the applicant.

College of Veterinarians of Ontario 2-71 Hanlon Creek Blvd Guelph, ON N1C 0B1 Questions? Please call 519-824-5600 or 800-424-2856 (Toll Free (in Ontario) ext. 2223 Email: <u>licensure@cvo.org</u>

Name of Applicant for Short-Term Licence:

Name of Licensed Member Supervising the Applicant:

I agree and undertake to assume the role of Supervisor for the above-named applicant for a period of 30 days or less. I am a registered member of the College of Veterinarians of Ontario. I hold a general licence without any terms or conditions.

- I undertake to supervise Dr. \_\_\_\_\_, the applicant, for a period of up to 30 days, in respect of the veterinary services they provides in Ontario.
- I also undertake to be responsible for continuing, after Dr. \_\_\_\_\_\_
  leaves Ontario, any veterinary care started in Ontario by them.
- The special purpose that this arrangement will serve is as follows (eg: provision of specialist services, clinical training or education, etc: please provide details) :

•	The veterinary services that will be provided by Dr.
	under my supervision will be:

1.	
2.	
3.	
4.	
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The period of my supervision will begin on \_\_\_\_\_\_ and will conclude on \_\_\_\_\_\_, and will last for no more than 30 days consecutive days.

• I give this undertaking in good faith and for no improper purpose.

Signature of Member		Name of Member (please	print)	Date
Registrar decision: Notes:	□ approve	e 🗆 deny		
Registrar signature:			Date:	

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 <u>CVO's Privacy Code</u> or contact CVO's Privacy Officer & Registrar.