

RESIGNATION FORM

To notify the College of your decision to resign your licence, please complete this form and mail, e-mail or fax it to the College for processing.

College of Veterinarians of Ontario
2106 Gordon Street
Guelph, ON N1L 1G6
Fax: 519-824-6497 or 888-662-9479 (Toll
Free in Ontario)

Questions?
Please call 519-824-5600 or 800-424-2856
(Toll Free (in Ontario) ext. 2223
Email: Licensure licensure@cvo.org

PART 1 (required):

TO: THE REGISTRAR OF THE COLLEGE OF VETERINARIANS OF ONTARIO

I hereby resign my licence with the College of Veterinarians of Ontario.

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

I also understand that, if I wish to practise veterinary medicine in Ontario 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 College of Veterinarians of Ontario.

Note: The College will retain your current address on file, if you have moved or will be moving please advise the College of this new address.

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

- 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

*Please see next page for excerpts from the *Veterinarians Act*

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PART 2 (optional and conditional):

APPLICATION FOR EMERITUS STATUS ON REGISTER

An eligible former licensed member who has resigned his or her licence may apply for emeritus status in order to have their membership history and involvement in the College recognized by the Registrar. For further information, please see the [Council's policy on emeritus status](#).

Year of Graduation from Veterinary School _____ (yyyy)

Held continuous membership with CVO since _____ (yyyy)

In accordance with the Council policy on Emeritus Status, I, _____, being a registered member in good standing of the OVA/CVO continuously for 25 years of more and having resigned my licence to practise veterinary medicine, hereby make application for Emeritus Status with the College of Veterinarians of Ontario. I have not been found guilty of, nor are there are proceedings against me for, professional misconduct or gross neglect or impairment by the College under section 17 of part II of the Regulations.

I hereby undertake that I will not practise veterinary medicine or re-apply for licensure in Ontario in the future. I understand that by assuming Emeritus Status, I am resigning my membership in the College of Veterinarians of Ontario. I also agree to use only the title 'Veterinarian Emeritus'. I also agree and acknowledge that this status can be removed by the Registrar if he or she concludes that I have acted in a manner that is inconsistent with the status.

Signature

Date

RELEVANT EXCERPTS from the *Veterinarians Act*

RESIGNATION OF LICENSURE - Pursuant to the *Veterinarians Act*, ss.5:

- 5. (1) Every person who holds a licence is a member of the College subject to any conditions and limitations to which the licence is subject.
- (2) A member may resign his or her membership by filing with the Registrar a resignation in writing and the member's licence is thereupon cancelled.
- (3) The Registrar may cancel a licence for non-payment of any fee prescribed by the regulations or for failure to file a return required by the regulations after giving the member at least two months notice of the default and intention to cancel.
- (4) A person whose licence is cancelled, revoked or suspended remains subject to the continuing jurisdiction of the College in respect of,
 - (a) an investigation or disciplinary action arising out of his or her conduct while a member; and
 - (b) an inquiry or proceeding related to whether the person is impaired.

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.