



LICENSURE APPLICATION

If you are a new applicant or have submitted an application in the past, [click here](#) to complete and submit an online application. If you currently hold a licence, complete and submit this paper 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 _____

Gender 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 review the [College's website](#) for a detailed listing of the requirements and the associated acceptable supporting documentation that must be submitted with your application. If you are requesting an exemption to a licensure requirement, please click [here](#).

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 _____

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 _____

CURRENT WORK ADDRESS (if applicable)

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

*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 an accredited veterinary school (Accredited by the AVMA-COE)

Graduate of an acceptable unaccredited veterinary school

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? 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

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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

VOTING PREFERENCES

In which electoral district would you like to vote?

Home Primary Practice

PROFESSIONAL ACTIVITIES

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

<p>Employment Function Indicate your main function at your primary employer.</p> <ul style="list-style-type: none"> <input type="radio"/> Clinical Practice <input type="radio"/> Production Medicine / Herd Health <input type="radio"/> Food Inspection & Disease Control <input type="radio"/> Administration / Management <input type="radio"/> Education / Teaching <input type="radio"/> Research <input type="radio"/> Sales & Service <input type="radio"/> Consulting <input type="radio"/> Other (please specify): _____
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<p>Employer Type Indicate your primary employer.</p> <ul style="list-style-type: none"> <input type="radio"/> Private Practice (self-employed or employed by another member) <input type="radio"/> Federal Government <input type="radio"/> Provincial Government <input type="radio"/> Municipal Government <input type="radio"/> University of Guelph <input type="radio"/> Other University / College <input type="radio"/> Industry <input type="radio"/> Other (please specify): _____
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<p>Patient Type(s) or Animal Population(s) Indicate the patient types that you serve at your primary practice. Only include types that comprise of 10% or more of your practice.</p>								
<p>Companion Animal</p> <ul style="list-style-type: none"> <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Pocket Pet <input type="radio"/> Bird <input type="radio"/> Reptile <input type="radio"/> Pet Fish 								
<p>Food Animal</p> <table border="0"> <tr> <td><input type="radio"/> Beef</td> <td><input type="radio"/> Poultry-Commercial</td> </tr> <tr> <td><input type="radio"/> Dairy</td> <td><input type="radio"/> Poultry-Small Flock</td> </tr> <tr> <td><input type="radio"/> Swine</td> <td><input type="radio"/> Bees</td> </tr> <tr> <td><input type="radio"/> Farmed Fish</td> <td><input type="radio"/> Small Ruminant</td> </tr> </table>	<input type="radio"/> Beef	<input type="radio"/> Poultry-Commercial	<input type="radio"/> Dairy	<input type="radio"/> Poultry-Small Flock	<input type="radio"/> Swine	<input type="radio"/> Bees	<input type="radio"/> Farmed Fish	<input type="radio"/> Small Ruminant
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<p>Equine</p> <table border="0"> <tr> <td><input type="radio"/> Pleasure</td> <td><input type="radio"/> Breeding</td> </tr> <tr> <td><input type="radio"/> Performance</td> <td><input type="radio"/> Racing</td> </tr> </table>	<input type="radio"/> Pleasure	<input type="radio"/> Breeding	<input type="radio"/> Performance	<input type="radio"/> Racing				
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<p>Other</p> <ul style="list-style-type: none"> <input type="radio"/> Lab Animals <input type="radio"/> Wildlife <input type="radio"/> Zoo Animals <input type="radio"/> Human (Public) Health <input type="radio"/> Other (please specify): _____ <input type="radio"/> Not Applicable 								

<p>Practice/Research Areas If appropriate, indicate any specific areas of veterinary medicine that you have a special focus in, conduct research or have additional education in (clinical or nonclinical). Leave blank if you consider yourself a general practitioner.</p>				
<table border="0"> <tr> <td> <ul style="list-style-type: none"> <input type="radio"/> Acupuncture <input type="radio"/> Anesthesiology <input type="radio"/> Bacteriology <input type="radio"/> Behaviour <input type="radio"/> Breeding <input type="radio"/> Cardiology <input type="radio"/> Chiropractic <input type="radio"/> Dentistry <input type="radio"/> Dermatology <input type="radio"/> Emergency medicine <input type="radio"/> Endocrinology <input type="radio"/> Epidemiology </td> <td> <ul style="list-style-type: none"> <input type="radio"/> Neonatal Care <input type="radio"/> Neurology <input type="radio"/> Nutrition <input type="radio"/> Oncology <input type="radio"/> Ophthalmology <input type="radio"/> Orthopaedic <input type="radio"/> Pain <input type="radio"/> Parasitology <input type="radio"/> Pathology <input type="radio"/> Pharmacology <input type="radio"/> Preventive medicine <input type="radio"/> Pulmonary </td> </tr> <tr> <td> <ul style="list-style-type: none"> <input type="radio"/> Gastroenterology <input type="radio"/> Genitourinary <input type="radio"/> Geriatrics <input type="radio"/> Immunology <input type="radio"/> Infectious disease <input type="radio"/> Internal medicine <input type="radio"/> Laboratory medicine <input type="radio"/> Microbiology <input type="radio"/> Musculoskeletal </td> <td> <ul style="list-style-type: none"> <input type="radio"/> Radiology/Ultrasonography <input type="radio"/> Rehabilitation <input type="radio"/> Shelter medicine <input type="radio"/> Surgery <input type="radio"/> Theriogenology <input type="radio"/> Toxicology <input type="radio"/> Virology <input type="radio"/> Zoonoses <input type="radio"/> Other: _____ </td> </tr> </table>	<ul style="list-style-type: none"> <input type="radio"/> Acupuncture <input type="radio"/> Anesthesiology <input type="radio"/> Bacteriology <input type="radio"/> Behaviour <input type="radio"/> Breeding <input type="radio"/> Cardiology <input type="radio"/> Chiropractic <input type="radio"/> Dentistry <input type="radio"/> Dermatology <input type="radio"/> Emergency medicine <input type="radio"/> Endocrinology <input type="radio"/> Epidemiology 	<ul style="list-style-type: none"> <input type="radio"/> Neonatal Care <input type="radio"/> Neurology <input type="radio"/> Nutrition <input type="radio"/> Oncology <input type="radio"/> Ophthalmology <input type="radio"/> Orthopaedic <input type="radio"/> Pain <input type="radio"/> Parasitology <input type="radio"/> Pathology <input type="radio"/> Pharmacology <input type="radio"/> Preventive medicine <input type="radio"/> Pulmonary 	<ul style="list-style-type: none"> <input type="radio"/> Gastroenterology <input type="radio"/> Genitourinary <input type="radio"/> Geriatrics <input type="radio"/> Immunology <input type="radio"/> Infectious disease <input type="radio"/> Internal medicine <input type="radio"/> Laboratory medicine <input type="radio"/> Microbiology <input type="radio"/> Musculoskeletal 	<ul style="list-style-type: none"> <input type="radio"/> Radiology/Ultrasonography <input type="radio"/> Rehabilitation <input type="radio"/> Shelter medicine <input type="radio"/> Surgery <input type="radio"/> Theriogenology <input type="radio"/> Toxicology <input type="radio"/> Virology <input type="radio"/> Zoonoses <input type="radio"/> Other: _____
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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 or fail to provide relevant information in response to a question, I shall be deemed not to have satisfied the requirements for a licence. I further understand and agree that if I make any false, misleading statements, representations or fail to provide full and accurate responses to questions, that the Registrar will take such action as appropriate under the legislated authority, up to and including refusing to issue a license and/or taking steps to revoke a license that has been issued.

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 your applicant type to view a detailed listing of the licensure requirements and the associated acceptable supporting documentation that must be submitted with your application.

[Accredited School Graduate](#)

[Unaccredited School Graduate](#)

[Applicant licensed in Canada](#)

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: licensure@cvo.org

Questions?

Please call 519-824-5600 or 800-424-2856 (Toll Free (in Ontario) ext. 2223

FEE INFORMATION

APPLICATION FEE

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

CVO JURISPRUDENCE 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 a licence will be issued.

For all licences except Educational and Short-Term

2021 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\$ _____

CCV # _____

Card Number _____

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.