



## REQUEST FOR LETTER OF PROFESSIONAL STANDING

The fee for a letter of professional standing is \$22.60 (includes HST).

Please ensure all sections are completed to process your request; if any information is missing your request may be delayed or will not be completed. All letters of professional standing are sent directly to the regulatory body of request and a copy will be sent to you by email.

If you have a form to be completed as per the requirements of the new regulatory body, please fill sections A, B & D and attach the form for the College of Veterinarians of Ontario to complete.

Current licensees must notify the College of any change to their address, phone number or employment information within 30 days of the change occurring. To request a letter of professional standing, please complete this form and mail, fax or e-mail it to the College for processing.

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. 2404

Fax: 519-824-6497 or 888-662-9479 (Toll Free  
in Ontario)

Licensure Email: [licensure@cvo.org](mailto:licensure@cvo.org)

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### A) Processing

Letter of Standing Processing Fee \$22.60 (\$20 + HST) to be charged:

Payment Type:  Cheque enclosed  VISA  Mastercard

Card Number \_\_\_\_\_ Expiry Date (mm/yyyy) \_\_\_\_/\_\_\_\_

CCV # \_\_\_\_\_ Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

\*\*Visa Debit cards cannot be used to pay for letters of standing\*\*.  
Credit card information is destroyed after payment has been processed



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## B) Personal Information

Name \_\_\_\_\_ Licence Number \_\_\_\_\_  
Birthdate (M/D/Y) \_\_\_\_\_  
Email \_\_\_\_\_ Telephone # \_\_\_\_\_

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## C) Regulatory Body Information

Name of Regulatory Body \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Template form attached

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## D) Consent

I, \_\_\_\_\_, hereby consent to the College of Veterinarians of Ontario  
(Name of Licensed Member)

to release information regarding my birthdate, my licence history\*, outstanding fees, and any other  
information that may be relevant with the College to \_\_\_\_\_.

(Requesting Regulatory Body)

\*Licence history includes information about licences held, any active undertaking(s), disciplinary action(s) and open investigations (Complaints Committee and Registrar's Investigation)

Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

Notes: