



Application for Veterinary Registration Northwest Territories

<p style="text-align: center;">Provide a recent passport-type photograph of yourself (taken within the last six months) Application considered incomplete without photograph.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">Last Name</td> <td style="border-bottom: 1px solid black; width: 33%;">First Name</td> <td style="border-bottom: 1px solid black; width: 33%;">Middle Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Apt #)</td> <td colspan="2" style="border-bottom: 1px solid black;">(Street or postal box number)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(City)</td> <td style="border-bottom: 1px solid black;">(Province)</td> <td style="border-bottom: 1px solid black;">(Postal Code)</td> </tr> <tr> <td colspan="3">Telephone: _____ Fax: _____</td> </tr> <tr> <td colspan="3">E-Mail: _____</td> </tr> <tr> <td colspan="3">Note: License and renewal notices will be mailed to above address unless advised otherwise.</td> </tr> </table>	Last Name	First Name	Middle Name	(Apt #)	(Street or postal box number)		(City)	(Province)	(Postal Code)	Telephone: _____ Fax: _____			E-Mail: _____			Note: License and renewal notices will be mailed to above address unless advised otherwise.		
Last Name	First Name	Middle Name																	
(Apt #)	(Street or postal box number)																		
(City)	(Province)	(Postal Code)																	
Telephone: _____ Fax: _____																			
E-Mail: _____																			
Note: License and renewal notices will be mailed to above address unless advised otherwise.																			
Date of Birth: (mm/dd/yy) _____ Canadian Citizen: <input type="checkbox"/> Yes (attach copy of birth certificate or proof of citizenship) <input type="checkbox"/> No (attach copy of work auth. or immigration document)	Language Fluency: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify: _____																		
Location and Dates of Planned Practice: Location/Clinic(s) _____ Anticipated Start Date: _____ Note: Applicant must be fully licensed before beginning work in the N.W.T.																			
Veterinary Degree (attach certified copy of degree, translated if not in English) ____/____/____ _____ (Date of Graduation) Name of School - Province/State/Country																			
Certificate of Qualification issued by National Examining Board of Canadian Veterinary Medical Association. Date received: ____/____/____ (attach a photocopy). <div style="text-align: center;">mm dd yy</div>																			
PROVINCIAL REGISTRATION: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Province</th> <th style="width: 33%;">License Dates</th> <th style="width: 33%;">License Number</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Province	License Dates	License Number															
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References: (Provide the names and address of three (3) character references, at least two (2) must be veterinarians. Supply these referees with a copy of the Reference Form.) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1) _____</td> <td style="width: 33%;">2) _____</td> <td style="width: 33%;">3) _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		1) _____	2) _____	3) _____	_____	_____	_____	_____	_____	_____									
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Personal Information (Check the appropriate box. If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.)	Yes	No
1. Have you ever been refused a licence, permit or registration to practice veterinary surgery in any jurisdiction?		
2. Have you ever had a veterinary licence, registration or right to practice in any jurisdiction revoked, suspended or restricted in any way?		
3. Have you ever been treated for any addictions such as alcohol abuse, drug abuse, gambling etc.?		
4. Have you ever been placed on a list restricting purchase or prescribing narcotic drugs?		
5. Are you presently or have you ever been subject to an allegation, complaint or investigation for any reason whatsoever by any veterinary licensing authority?		
6. Are you aware of any inquiry likely to be made by any authority, licensing or otherwise, with respect to your conduct, personal behavior or competence?		
7. Have you previously applied for, or have been issued, a license or certificate of registration in the Northwest Territories. If yes, when? License # (if known)		

<p>Declaration</p> <p>I authorize the Registrar to investigate and obtain from any person or persons, such information as may be required in relation to this application. I certify that the statements made by me in this application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my application or withdrawal of registration.</p> <p>Signature: _____ Date: _____</p>	
<p>Forward completed application, with required attachments, to:</p> <p>Registrar, Health Professional Licensing Department of Health & Social Services Government of the Northwest Territories 8th Floor Centre Square Tower (5022-49 ST) P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9 Telephone: (867) 920-8058</p>	<p>If you wish to pay your fees by Visa, complete the following:</p> <p>Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Amount: <u> \$ 200.00 </u> Authorized Signature: _____</p>
<p>This personal information is being collected under the authority of the <i>Veterinary Profession Act</i> of the NWT and will be used to process Application for Registration. Information collected is protected by the privacy provisions of the <i>Access to Information and Protection of Privacy Act</i> of the NWT. If you have any questions about the collection, contact the Registrar's Office at the above address.</p>	