

**Nova Scotia Veterinary Medical Association  
2018 LICENSE RENEWAL - Veterinarian**

Renewal For:     General Practice License;                       Non-Practicing License;                       Life Member

Name: ..... License # .....

Home Address: .....

.....

Postal Code: ..... Email: .....

*(Please print your email address. Our correspondence with members is now directed through email.)*

Telephone: (Home)..... (Work)..... (Fax).....

Name(s) of facilities **where you work:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My Area of Practice:**

	Owner	Associate	Locum		Government	<input type="checkbox"/>
Small Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Teaching	<input type="checkbox"/>
Large Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Research	<input type="checkbox"/>
Equine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Non-Practicing (includes Retired)	<input type="checkbox"/>
Mixed Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Primarily Large Animal)	Commercial Industry	<input type="checkbox"/>
Mixed Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Primarily Small Animal)		

Specialist: (Please specify) \_\_\_\_\_

Other: (Please specify) \_\_\_\_\_

**Additional Certification** you have obtained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NSVMA / CVMA Committees** on which you serve:

\_\_\_\_\_

\_\_\_\_\_

**In the Published Register, please use my work address**  **or my home address**

**My liability insurance is provided by hospital**  **or by myself**

**Have you been subject to disciplinary action in any jurisdiction that would prevent you from practicing veterinary medicine in Nova Scotia?**    Yes                       No

**Number of clinical hours you worked in 2017 (Estimate):** \_\_\_\_\_

(Clinical hours do not include administrative hours.)

**Professional Development Hours Completed in 2017:** \_\_\_\_\_

General Practice licensed members are required to complete a **minimum of 20 hours of accredited Continuing Education over a 24-month period**. Proof of CE hours may be requested by the Registrar as part of this license renewal process. Please have verification of CE hours available if requested.

A **minimum** of 12 hours of the 20 **must** consist of "hard" CE credits, such as wetlabs, attendance at veterinary conferences; while a **maximum** of 8 hours may be made up of "soft" CE credits such as Lifelearn, videos, journals and/or the Compendium quiz (if sent in).

<b>Hard Continuing Education Hours (Minimum of 12)</b>			
Wetlabs, Teleconference, Veterinary Conferences, Local approved CE events	Location	Date(s)	# of Hours

<b>Soft Continuing Education Hours (Maximum of 8)</b>			
	Topic / Title	Date	# of Hours
Lifelearn			
Videos			
Journals			
Compendium Quiz (if sent in)			

<b>NSVMA Renewal Fees 2018</b>	Fee	HST	Total	
General Practice License	816.00	+ 122.40	\$938.40	( )
General Practice License(CVMA fees paid elsewhere)*	509.00	+ 76.35	\$585.35	( )*
Non-Practice License	408.00	+ 61.20	\$469.20	( )
Retired Non-Practice License	280.75	+ 42.11	\$322.86	( )
NSVMA Life member (3)	153.50	+ 23.03	\$176.53	( )
Late Payment Fee (post December 31, 2016.)	126.00	+ 18.90	\$144.90	( )

\* If other than NS, in which province did you pay your CVMA fees? \_\_\_\_\_

To ensure your renewal is completed by December 31, Payment is requested by: **no later than November 30, 2017.**

Please make your **cheque** / money order payable to: **Nova Scotia Veterinary Medical Association**,  
and mail it to 15 Cobequid Road, Lower Sackville, NS B4C 2M9  
(We do not accept credit/debit cards for payment.) (The NSVMA does not pro-rate fees.)

The Nova Scotia Veterinary Medical Association (NSVMA) primarily communicates with its members through electronic means. (e.g. email, electronic newsletters, etc.) I agree to accept electronic communications from the NSVMA (express consent) and I will contact the NSVMA office to unsubscribe should my wishes change in this regard.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_