

**REGISTERED VETERINARY TECHNOLOGISTS**  
**NSVMA LICENSE RENEWAL FORM (2018-19)**  
(July 1, 2018 - June 30, 2019)

**Required with this renewal application: Proof of current EVTA membership and fee payment.**

Name: ..... NSVMA RVT 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 of the Main or Primary Facility **where you work:**

1 \_\_\_\_\_ 2 \_\_\_\_\_

**My Area of Practice:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Small Animal                                | <input type="checkbox"/> Equine      |
| <input type="checkbox"/> Large Animal                                | <input type="checkbox"/> Government  |
| <input type="checkbox"/> Mixed Practice ( ) (Primarily Small Animal) | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Mixed Practice ( ) (Primarily Large Animal) | <input type="checkbox"/> Teaching    |
| <input type="checkbox"/> Commercial / Industry                       | <input type="checkbox"/> Aquaculture |

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

\_\_\_\_\_  
\_\_\_\_\_

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

**Number of hours you have worked in the past 12 months:** \_\_\_\_\_

**Professional Development Hours Completed in the past 12 months:** \_\_\_\_\_

(Members are expected to meet the hours required to maintain your membership in the EVTA.)

**NSVMA Renewal Fees 2018-19** \$72.00 + \$10.80 HST = \$82.80

Payment is due **no later than June 30, 2018.** (Late payment will result in a \$126.00+HST administrative fee.)

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 and 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: \_\_\_\_\_