

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: _____