

LICENSURE APPLICATION FORM

GENERAL INFORMATION

Name :	
First name :	
Address :	
City :	
Country :	
Zip code :	
E-mail :	
Phone number :	Fax :
Date of birth :	M <input type="checkbox"/> F <input type="checkbox"/>
Spoken language :	Written language :
_____	_____
_____	_____
_____	_____

ACADEMIC FORMATION

<i>FORMATION</i>	<i>PROGRAM</i>	<i>SCHOOL</i>	<i>YEAR OF GRADUATION</i>
Secondary school/ High school			
Pre-university			
University			

Do you have a veterinary license outside Quebec?

Yes

No

If yes, please indicate :

Jurisdiction : _____

Licensing body, date and place of issue : _____

PROFESSIONAL EXPERIENCE

<i>FROM</i>	<i>TO</i>	<i>PROFESSIONAL EMPLOYER</i>	<i>SCOPE OF PRACTICE</i>

PROTECTION OF PERSONAL INFORMATION ACT

The «Ordre des médecins vétérinaires du Québec» as a public body is responsible for the confidentiality of personal information under its control. This information is recorded in a file, in accordance with obligations prescribed by the Professional Code of Quebec.

All information recorded in this file is strictly confidential, open to the concerned member and management employees only.

With a written request to the Executive Director and Secretary, you have authorized access to your file whether to complete inchoate information or correct improper data.

DISCIPLINARY VERDICT

1. A. Do you or did you ever practice veterinary medicine outside Quebec ?

Yes No

If yes, specify : _____

Jurisdiction : _____

Licensing body, date and place of issue : _____

Effective from : _____ to _____
yr/mo/day yr/mo/day

1. B. Have you ever been respondent in a disciplinary verdict from this veterinary medicine Board (or other authority) leading to the imposition of a sanction ?

Yes No

If yes, specify : _____

Date of verdict :Type of offence : _____

Sanction : _____

2. A. Are you or were you member of another Professional Board (different than veterinary medicine) in or outside Quebec ?

Yes No

If yes, specify : _____

Board : _____

License number : _____

Effective from : _____ to _____
yr/mo/day yr/mo/day

2. B. Have you ever been respondent in a disciplinary verdict from this Board leading to the imposition of a sanction ?

Yes No

If yes, specify : _____

Date of verdict : _____

Type of offence : _____

Sanction : _____

COURT DECISION

1. Have you ever been liable to criminal punishment in a Canadian Court ?

(Answer no, if you obtained a pardon, in accordance with section 3 of Criminal Records Act.)

Yes No

If yes, specify : _____

Date of judgment : _____

Type of offence : _____

Sentence : _____

File number : _____ Court : _____

Province : _____ District : _____

2. Have you ever been liable to criminal punishment in a foreign Court ?

Yes No

If yes, specify : _____

Date of judgment : _____

Type of offence : _____

Sentence : _____

Country : _____ Court : _____

I certify that information annexed is complete and accurate.

Signed at _____ , _____ .
(city) (date)

Signature of applicant

Solemnly affirmed before me at _____ , _____ .
(city) (date)

Commissioner for Oates

SEAL