



## Application for Limited Registration Veterinary Practitioner

### Veterinary Practitioner - Limited Registration Section 23

Attach  
signed,  
photograph  
here.

#### Applicant Details

Given Name(s)

Surname

Address (not PO Box)

Please tick which address is below:  residential  business

Suburb/Town

State

Postcode

Date of Birth

#### Contact Details

Postal Address\* (if same as above leave blank)

Please tick which address is below:  residential  business

Suburb/Town

State

Postcode

Home Telephone

Work Telephone

Mobile

Fax

Email

#### Application Details

Please state the specific purpose in respect of which you seek registration

Please state the period in respect of which you seek limited registration

\* NOTE: Your postal address will appear on the VPB website search database unless we are otherwise notified.

**Declaration**

I acknowledge that the Board may impose conditions on the granting of limited registration and that the limited registration will expire on the date specified in the certificate of registration or 12 months from the date of registration, whichever occurs first.

I further acknowledge that the Board may cause my name to be removed from the register for breach of a condition or for any other reason.

I apply for registration as a veterinary practitioner under Section 23 of the Veterinary Practice Act 2003, of New South Wales. I declare that I will uphold the veterinary practitioners' code of professional conduct, that:

- (a) I will pursue the work of my profession with diligence, and
- (b) in practising veterinary science:
  - (i) I will promote the welfare of animals, and
  - (ii) I will observe the veterinary practitioners code of professional conduct referred to in section 37 of the *Veterinary Practice Act 2003*, and
  - (iii) I will maintain a standard of professional knowledge and expertise at a level that is accepted by my professional colleagues who are of good standing, and
- (c) I will not practise veterinary science if I am impaired from a physical or mental illness or disorder which detrimentally affects or is likely to affect my capacity to practise.

I certify that the information provided on this form is true and correct, and that I am authorised to make this decision. I declare that I am the person named in the documents accompanying this application as set out in the "Required Documentation" section in this form.

Signature

Date

**Applicant Checklist**

- Application for Registration – Form 2.**
- Copy of Degree\*** – a certified copy of any academic award (or if you cannot produce such a document, any other evidence of your qualification approved for the purpose by the Registrar).
- Letter of Professional Standing (LOPS)** - requested from current/last Board, if this is not available, evidence of current registration or entitlement to practise under another registering authority. If you have not practiced as a veterinary practitioner since graduation or last registration you must submit a written statement confirming this.
- Proof of Date of Birth\*** – birth certificate, driver's licence or current passport.
- Photograph** – of the applicant (any size) which must be *signed on the back* by the applicant.
- Fees**
- Letter from Supervisor** - Letter from supervising veterinary practitioner agreeing to supervise you and stating that they understand their responsibility under the Veterinary Practice Act. If they are supervising

\* Please view **Applicaton for Registration (Form 1)**, for a list of acceptable certifiers.

**Horse Breeding Season Applicants Only: (plus above)**

- References/testimonials** - satisfactory to the Board which verify that you have the appropriate level of skills, knowledge and experience in thoroughbred breeding practices which are required.

**Limited Registration Payment Details****Amount Payable \$230 (not subject to GST)**

Cheque (payable to: "Board of Veterinary Practitioners of NSW")

Credit Card Payment

Name on Card

Card Number

Expiry Date

 / 
 Visa Mastercard Bankcard

Signature

Date