

## General

Veterinary Practitioners must renew their registration annually using the [Access Canberra Smart Form](#) or this form and pay the prescribed fee outlined in the 'Board Fee Schedule' that is located on the Board website and updated annually. Applications for renewal should be made between 1 May and 30 June each year. An *out of time* fee applies to renewal applications received by the Board between 1 July and 30 September.

**Registration category**    General Veterinary Practitioner        Specialist Veterinary Practitioner   

## Applicant details

**Name**

Title	<input type="text"/>	Family name	<input type="text"/>
Given name (s)	<input type="text"/>	Registration number	<input type="text"/>

## Principal place of residence

Street no and name	<input type="text"/>	State or Territory	<input type="text"/>
Suburb	<input type="text"/>	Country	<input type="text"/>
Postcode	<input type="text"/>		

## Principal place of employment

Premises name	<input type="text"/>	State or Territory	<input type="text"/>
Street	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>		

If you intend to undertake employment at a number of different premises, please provide the name of the business where you complete the bulk of your work on this form and attach a list of other businesses on a separate piece of paper and submit with this form.

## Contact

Mobile #	<input type="text"/>	Work #	<input type="text"/>
Email*	<input type="text"/>	Home #	<input type="text"/>

\*Email will be the primary method of contact for the Board to communicate with you.

## Employment history

Please provide your employment history for the last five years including details of maternity leave, study or other leave, employment in an unrelated field or locum work. This requirement applies to applicants who have previously registered as a veterinarian in another state, territory or country.

Employer	State/Country	From (MM/YY)	To (MM/YY)	Position held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you require more space, please fill out relevant information on a separate piece of paper and attach with your application.

## Home visits

Did you provide a mobile, ambulatory or home visit veterinary service during the last 12 months or do you plan to provide this service in the upcoming renewal period?

Y/N
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If yes, is this service based from a licensed veterinary clinic or hospital (premises where you are able to perform major surgery)? *Please provide a letter from a premises agreeing to take referred cases.*

Y/N
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## Registration history

1. Has your registration as a veterinary practitioner/specialist ever been suspended or cancelled in Australia or overseas?
2. Have you ever been refused registration as a veterinary practitioner/specialist in Australia or overseas?
3. Have you ever had conditions or restrictions placed on your registration as a veterinary practitioner/specialist in Australia or overseas?
4. Are you currently subject to an investigation or any regulatory action?

Y/N
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Y/N
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Y/N
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Y/N
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If yes to any of the above please provide details

## Specific requirements

1. Do you have any physical or mental impairment, disability, condition or disorder which has impaired, or likely to impair, your efficiency and competence as a veterinary practitioner/specialist?

Y/N
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If yes, please provide details of reasonable adjustments to allow you to work efficiently and competently as a veterinary practitioner.

2. Professional insurance is mandatory for all veterinary practitioners/specialists in the ACT. Insurance may be obtained as an individual or provided by your employer. Please provide details of your own or intended employer's insurance.

Y/N
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Insurance provider

Date of expiry

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3. Have you undertaken Continuing Professional Development activities to maintain your level of competence in the last three years?

Y/N
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If yes, you are required to maintain these details and provide them to the Board each year with your renewal application, or if requested at any time.

If no, please provide details below as to how you have maintained your level of competence.

4. Have you ever been convicted of a criminal or civil offence (excluding traffic offences)?

Y/N

If yes, please provide details below:

5. Have you ever been or are you currently addicted to a substance (including alcohol, a medicine, a prohibited substance or another substance)?

Y/N

If yes, please provide details below:

6. In the last five years, have you:  
Claimed personal bankruptcy; or  
Been involved in the management of a corporation when the corporation was insolvent?

Y/N

If yes, please provide details below:

7. Have you been vaccinated against the rabies virus?

Y/N

Your information may be shared with the Department of Agriculture, Fisheries and Forestry on the occasion the AUSTVETPLAN is activated.

## Declaration

It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (See *Criminal Code 2002* pt 3.4)

I declare that:

- a) The information provided on this form is true and correct.
- b) I am the person named in this form and in the documents accompanying this application.
- c) There is no current veterinary disciplinary action against me under another jurisdiction or outside Australia.
- d) There is no criminal offence outstanding against me.
- e) I will pursue the work of my profession with diligence, and
- f) In practising veterinary science:
  - i. I will promote the welfare of animals, and
  - ii. I will observe the veterinary practitioners code of professional conduct established under section 42 of the *Veterinary Practice Act 2018*, 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
  - iv. Unless approved by the Board, I will not practise veterinary science if I am aware that I am impaired by a physical or mental illness or disorder that detrimentally affects or is likely to detrimentally affect my capacity to practise.

Signature

Date

## Payment details

Total renewal of registration fee to be paid: \$

Following the Board's approval of your application, you will be provided with a link to allow you to process your payment online. Payment must be made in Australian currency and the correct amount must be specified. Once your payment is received, your Certificate will be prepared and sent to you via email from [TCCS.vetboard@act.gov.au](mailto:TCCS.vetboard@act.gov.au)