



**VSTEP 2017
APPLICATION FORM
Page 1**

Section 1: Required Applicant Information (Please print)

First Name:	Last Name:
Preferred Name:	Other Names:
Birth Date:	Sex: Male Female
Address:	
Home Phone Number:	E-mail:
Cell Phone Number:	Native language:
Country of Origin:	Status in Canada: Canadian Citizen Permanent Resident Other Visitor
University where veterinary degree was acquired:	Year of Arrival in Canada:
Year of graduation:	Additional Degrees:

Section 2: Test Results (Please complete all that apply)

Registered with: CVMA or AVMA	Candidate Number:
Have you written the BCSE: (circle one)	Yes No
If yes, BCSE Score:	If no, BCSE Date:
Have you written the NAVLE: (circle one)	Yes No
If yes, NAVLE Score:	If no, NAVLE Date:
Have you scheduled the CPE? (circle one)	Yes No If yes, date:
Language Proficiency Exam: (IELTS, TOEFL, CAEL etc) Date:	
Scores for Reading:	Writing: Speaking: Listening:

Section 3: Resume

Please attach a resume which outlines your education, work experience, awards and other accomplishments.



**VSTEP 2017
APPLICATION FORM
Page 2**

Section 4: Consent and Certification

- I hereby certify that ALL information contained in this application is correct and complete.
- I acknowledge that any falsification of information or misrepresentation may result in cancellation of my application, admission or participation in the Veterinary Skills Training and Enhancement Program.
- I certify that the names entered on this application are accurate and correct and represent the complete name by which I am legally and correctly known.
- I consent to the verification of any information I have disclosed on this form by any representative of the Veterinary Skills Training and Enhancement Program.
- I consent to the collection of my photographic image for this application.

Signature of Applicant: _____ Date: _____

Section 5: Considerations

- I acknowledge that the VSTEP 2017 schedule will consist of approximately 470 hours of lecture and lab to be delivered from May 1 – September 1 and up to 20 days of field placement to be delivered during the months of September and October.
- I acknowledge that my participation in VSTEP 2017 will require use of a computer with access to the internet.
- I acknowledge that in order to participate in VSTEP, I must provide proof of immunization against rabies.
- I acknowledge that my full VSTEP participation requires that I be eligible for, and pay for, a CVO restricted licence and be able to produce documentation to support my eligibility.
- I acknowledge that I may be required to temporarily relocate at my own expense in order to participate in some or all of the scheduled Field Placement.
- I acknowledge that I am responsible for my personal health insurance.

Signature of Applicant _____ Date: _____

Applications for the Veterinary Skills Training and Enhancement Program 2017 should be submitted by **January 6, 2017*** to the VSTEP office by email or mail.

Email: jthurtell@vstepontario.org

Mail: VSTEP; Ontario AgriCentre; 100 Stone Road West – Suite 110; Guelph, ON; N1G 5L3

***If your BCSE result is not available before January 6, please contact Jennifer Thurtell.**