



Application for Congenital Deafness Screening Program

CVO Member Information:

First Name: _____ Last Name: _____

Licence Number: _____ Email: _____

Participating Veterinarians:

The procedures relating to this program will be performed by (check all that apply):

- Myself, as a diplomate of the American College of Veterinary Internal Medicine in Neurology
- Another veterinarian who is a diplomate of the American College of Veterinary Internal Medicine in Neurology, and has obtained a short-term licence to practice in Ontario

Location of Congenital Deafness Screening Program:

Name of Facility or Building: _____

St. Address: _____

City: _____ Postal Code: _____

Is this an accredited Facility: Yes No

Program Date(s)

Is this a single-day or multi-day program? _____

Date(s): _____

Please note: If you are applying for multiple program dates, they may not span a period greater than 6 months.

Sponsoring Veterinarian Declaration:

I, the sponsoring veterinarian, currently licensed with the College of Veterinarians of Ontario, hereby confirm that:

- I am a licensed member of the College of Veterinarians of Ontario and agree to abide by the College's Position Statement on Congenital Deafness Screening Programs and all other relevant legislation.

Signature

By signing below, I confirm that I am the licensed member submitting this application. I confirm that the information entered on this form is true and correct. I understand that it is professional misconduct to submit false or misleading information to the college (as per Regulation 1093 ss 38.1)

Signature of Sponsoring Veterinarian

Date Signed