



## Application for Cardiac 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 Cardiology (ACVIM-C)
- Another veterinarian who is a diplomate of the American College of Veterinary Internal Medicine in Cardiology, and has obtained a short-term licence to practice in Ontario

### Location of Cardiac 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 Cardiac 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