
APPLICATION FOR REGISTRATION ON SPECIALIST REGISTER

Please ensure that all sections are completed *in blue ball point pen* and if not applicable, mark N/A.

Applicant Details

Full Name:

Date of Birth: ___ / ___ / ____ Gender: Male Female Unspecified

Residential Address:

Suburb: State: Postcode:

Place of Employment:

Business Address:

Suburb:..... State:..... Postcode:

(please note that your business address will be recorded on the general register which is accessible to the public)

Postal Address:

Suburb: State: Postcode:

Email:

(please provide a personal email address to which only you have access for confidential correspondence)

Phone: *(mobile preferred)*

General Register Details *(tick boxes where applicable)*

Are you currently registered as a veterinary surgeon in South Australia? Yes No

OR

Are you also applying for registration on the general register? Yes No

Application *(tick boxes where applicable)*

I hereby apply for registration on the specialist register



1. Nominated Specialty:

2. Qualifications:

3. Years you have you been working in this specialist field (inclusive of training):
.....

4. How would you describe your current activities in your speciality?

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Referral Practice | <input type="checkbox"/> Teaching | <input type="checkbox"/> Research |
| <input type="checkbox"/> Government | <input type="checkbox"/> Consultancy | <input type="checkbox"/> Other |
- (please specify)*

5. Are you registered as a veterinary specialist elsewhere? Yes No

Specialist Category:

Year of Registration:

State / Territory / Country:

6. Have you ever been declined registration as a specialist? Yes No

If YES, in what jurisdiction were you declined registration as a specialist and what was the reason?

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Prescribed Fees

\$275.00 application for registration - specialist register

PLUS

\$394.00 annual practice fee - specialist register

GST is not payable on prescribed fees.

REMITTANCE ADVICE

(please circle payment type) or please call the VSBSA office to process a credit card payment.

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: / CCV Number:

Name on Card:.....

Signature: Date:

DECLARATION

I,..... declare that the above particulars are true in every respect to the best of my knowledge, information, and belief.

Signature: Date:

REQUIRED DOCUMENTS

All applicants must submit the following with their application:

- Current photographic identification such as a passport or the front and back of a driver's licence
 - this can be lodged through greenID [here](#) or
 - provide a copy which must be in colour and certified as being a true and correct copy of the original document and that the photograph is a true likeness of the person presenting the document by a person authorised to do so. For certification instructions, please refer to the document entitled '[Certifying Documents](#)'
- A copy of your veterinary specialist qualifications or certificate.

POST TO: VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA
GPO BOX 11020
ADELAIDE SA 5001

Please note that we are unable to process applications received electronically.

It is recommended that you use Australia Post's registered post service with tracking.