



Regulating the veterinary profession  
In the public interest

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## APPLICATION FOR REGISTRATION ON SPECIALIST REGISTER

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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)*

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### 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

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### Application (tick boxes where applicable)

I hereby apply for registration on the specialist register



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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?

- Referral Practice                       Teaching                       Research
  - Government                       Consultancy                       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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<b>Prescribed Fees</b>
<input type="checkbox"/> \$275.00 application for registration - specialist register  <p style="text-align: center;"><b><u>PLUS</u></b></p> <input type="checkbox"/> \$394.00 annual practice fee - specialist register

GST is not payable on prescribed fees

**REMITTANCE ADVICE**

**(please circle payment type)**

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: .....



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## REQUIRED DOCUMENTS

- Certified copies of postgraduate qualifications
  - Copies of original documents must be certified by a person authorised to do so. For certification instructions, please refer to document entitled '[Certifying Documents](#)'
- A curriculum vitae that provides details of qualifications, employment, professional activities, publications and recent continuing professional development activity including presentations at conferences

**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.