
APPLICATION FOR LETTER OF PROFESSIONAL STANDING

Full Name:

Postal Address:

Suburb: State: Postcode:

Mobile: Personal Email:

Name of most recent employer in South Australia:

Address:

.....

Suburb: State: Postcode:

Phone: Business Email:

Period of time at most recent practice:

I will be relocating permanently to: (*insert State / Territory / Country*) on:

I would like to be removed from the Register. By doing this, your obligation to pay further annual registration fees and submit an annual return is waived until you reinstate your name onto the register. If you do not voluntarily remove your name from the register, the Board will do this, and you will be subject to the penalty fee of \$250 if you want to be restored to the register at any time in the future.

Please send a Letter of Professional Standing to the Veterinary Surgeons / Practitioners Board of:

.....

Signature: Date:

If you wish to remain on the SA register and are moving, please advise the Board **IN WRITING** of your change of address to ensure that the Board maintains contact with you and that you receive advice concerning such matters as Board policy, changes in legislation, annual registration renewal notices etc. It is in your interest to advise the Board **IN WRITING** of any changes to your postal address and telephone number.

Section 31 of the *Veterinary Practice Act 2003* makes it a legal requirement for registered persons to provide changes to the Board within 3 months.

Failure to notify the Board may attract a penalty notice of \$250.

As the Register is a public document, please note that the details you provide for your business address will appear on the website.

Please note that Letters of Professional Standing are sent directly to the registering body. A tax invoice will be provided to you once the letter has been sent. Please allow up to 21 business days for processing of the application.



Remittance Advice

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

Letter of Professional Standing Fee: \$90.00

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: / CVV Number:

Name on Card:.....

Signature: Date: