



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

PO BOX 7395
HUTT STREET SA 5000

P: 08 8359 3334
W: vsbsa.org.au
E: admin@vsbsa.org.au

APPLICATION FOR REINSTATEMENT ON SPECIALIST REGISTER

Applicant Details

Full Name:

Date of Birth: ___ / ___ / ___ Male Female

Residential Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Please note that your postal address will be recorded on the publicly available general register(s)

Email:

Phone: (mobile preferred)

Name of Employer/Clinic:

Business Address:

Suburb: State: Postcode:

General Register Details (tick boxes where applicable)

Are you currently registered as a veterinary surgeon in South Australia?

OR

Are you applying for registration on the general register?



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

Application

(tick boxes where applicable)

I hereby apply for reinstatement on the specialist register

<p>Prescribed Fees</p> <p><input type="checkbox"/> \$220.00 reinstatement on specialist register</p> <p><u>PLUS</u></p> <p><input type="checkbox"/> \$315.00 registration on specialist register</p>
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*A letter confirming your registration as a specialist veterinary surgeon will be provided to you as soon as possible
GST is not payable on prescribed specialist fees*

Remittance Advice

(please circle payment type)

Cheque / Money Order \$.....

MasterCard / Visa \$.....

Card No:

Expiry No: / CVV Number:

Name on Card:

Signature: Date:

DECLARATION

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

Signature: Date:

POST TO: VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA
PO BOX 7395
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Please allow up to 10 business days for processing your application once all required documentation has been received

Please note that we are unable to process applications received electronically