



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

GPO BOX 11020
ADELAIDE SA 5001

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

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:

Postal Address:

Suburb: State: Postcode:

Email:

Phone: (*mobile preferred*)

Place of Employment:

Business Address:

Suburb: State: Postcode:

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



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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?

- | | | |
|--|--------------------------------------|---|
| <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 <i>(please specify)</i> |

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

\$252.00 application for registration - specialist register

PLUS

\$361.00 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: □□ / □□ 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:

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 – Instructions for Applicants](#)'
- 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
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