



Veterinary  
Practitioners  
Board

# Completing your annual renewal





## Login

Email



Email address is required

Password



Password is required

Login

Remember me

[I forgot my password](#)

Create a Login





## Forgot Password

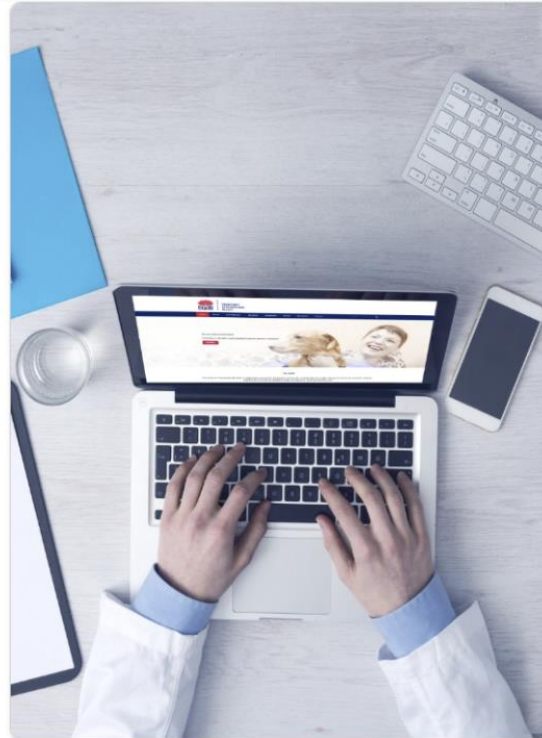
Please enter your email address to continue

Send Link

Cancel





## Reset Password

- Minimum 8 characters are required.
- At least one lowercase character is required.
- At least one uppercase character is required.
- At least one number is required.
- At least one special character is required.

Reset

Cancel





## Login

Email



Email address is required

Password



Password is required

Login

Remember me

[I forgot my password](#)

Create a Login





Dr Charles Montgomery Burns

Nuclear Family Veterinary Hospital

+61 0400 111 111

excellent@gmail.com

Registration Status

Registration Number

Division

Conditions

Declarations

Expiry Date

Registered  
NSW V 1000000  
Full  
No  
No  
30 June 2024



- Personal
- Registration
- Qualifications
- Conditions & Declarations
- Employment
- Supervision
- Applications
- Payments
- Correspondence
- Letter of Professional Standing
- Continuing Professional Development
- History

**!** Please complete your annual renewal by 30 June

Annual Renewal

Name	Dr Charles Montgomery Burns
Preferred name	Monty
Date of birth	06 August 1945
Age	79 (70's)
Gender	Male
Country	Australia
Languages known	No
Notifications	Yes
Phone	
Email	
Residential address	
Mailing address	



## About

The form is used to submit your annual return and pay your registration renewal fee if required.

The questions in this form are for the period **01/07/2023** to **30/06/2024**.

This form is saved on every page where there is an option for user input of any kind.

The symbol \* indicates a required field. If you are unable to move to the next page please check that you have entered a response in all required fields.

You or someone on your behalf will be able to pay your registration renewal fee after submission of your annual return.

Please ensure your payment is completed before 30 June to avoid any additional fees.



Exit

Text



## Personal & Contact Details

Please confirm your details and press Next to proceed or Change to adjust.

Full Name:	Dr Charles Montgomery Burns
Gender:	Male
Email Address:	excellent@gmail.com
Mobile Phone Number:	+61 0400 111 111
Home Phone Number:	Nil
Work Phone Number:	Nil
Preferred Phone:	Mobile Phone

Change

Back

Exit

Next







## Address Details

Please confirm your addresses and press Next to proceed or Change to adjust.

**Residential Address:**

Springfield Mansion SPRINGFIELD NSW 2020 AUSTRALIA

**Work Address:**

239 The Nuclear Way SPRINGFIELD NSW 2020 AUSTRALIA

**Postal Address:**

LOCKED BAG 94 SHELBYVILLE NSW 2019 AUSTRALIA

Change

Back

Exit

Next





## Employment

Did you work during 01/07/2023 to 30/06/2024 ? \*

Yes  No

In which sector did you work? \*

Public  Private

Did you work full time or part time or casual? \*

Full Time  
 Part Time  
 Casual

What were the approximate hours you worked per week? \*

40

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Exit

Exit



## Employment

What was your main area of work?\*

- Veterinary Clinical
- Veterinary Non-clinical
- Non-Veterinary

What was your main field of work?\*

- Select
- Select
  - Small animal
  - Large animal
  - Mixed animal
  - Unusual or Non-traditional pets
  - Wildlife
  - Zoo animal

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Exit

 Next



## Employment

What was your main area of work?\*

- Veterinary Clinical
- Veterinary Non-clinical
- Non-Veterinary

What was your main field of work?\*

- Select
- Select
  - Animal health and welfare
  - Public health
  - Diagnostic and laboratory
  - Academic and education
  - Pharmaceutical
  - Research
  - Insurance
  - Management

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Exit





## Employment

What was your main area of work?\*

- Veterinary Clinical
- Veterinary Non-clinical
- Non-Veterinary

What was your main field of work?\*

Small animal

Did you provide a mobile, ambulatory or home visit service at any time during the year?\*

- Yes
- No

Was this service based from a licenced veterinary hospital (premises where you are able to perform major surgery)?\*

- Yes
- No

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Exit

Next





## CPD Points

Show Info

### Submitted Records from the Past 2 Years

Year	Structured Points	Unstructured Points	Total Points

Please enter the CPD points you attained during 01/07/2023 to 30/06/2024:

Structured Points

Unstructured Points

Total Points

Your total CPD points collected over the last 3 years: 30/60.  
Your total structured CPD points collected over the last 3 years: 10/15.



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## Emergency Responses

**Consent to participate in veterinary emergency responses:**

The veterinary profession plays a crucial role in biosecurity emergencies and natural disasters. First responders in such emergencies may need to quickly identify and contact veterinarians who can provide veterinary services.

I am willing to participate in veterinary emergency responses

Yes  No

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Exit

Next



## Offence Declaration

Have you been found guilty in any court of law of any of the following:

1. An offence under any of the following Acts or any of the regulations under these Acts

a) Prevention of Cruelty to Animals Act 1979\*  Yes  No

b) Stock Medicines Act 1989\*  Yes  No

c) Biosecurity Act 2015\*  Yes  No

d) Poisons and Therapeutic Goods Act 1966\*  Yes  No

e) Export Control Act 2020 (Commonwealth)\*  Yes  No

2. Any other offence under a law of this State or of the Commonwealth, or another State or Territory, that imposes a requirement on a veterinary practitioner in his or her capacity as a veterinary practitioner\*  Yes  No

3. Any offence under a law of the Commonwealth, or another State or Territory, or of a jurisdiction outside Australia, that may reasonably be considered to be equivalent to an offence under (i) or (ii) above\*  Yes  No

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Exit

Next





## Health Declaration

Do you have any physical or mental impairment, disability, condition or disorder that detrimentally affects or is likely to detrimentally affect your capacity to practise veterinary science?\*

Yes  No

**Please Provide Details\***

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Exit

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## Conduct Declaration

Have you had any suspension or cancellation of, or imposition of conditions on, the licence, registration or other authorisation in relation to the practice of veterinary science in another jurisdiction (either within Australia or overseas) in the past 5 years?  Yes  No

Have you been refused a licence, registration or other authorisation in relation to the practice of veterinary science in another jurisdiction (either within Australia or overseas) in the past 5 years?  Yes  No

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Exit

  Text



## Application Summary



Print

### Employment Detail

Did you work as a veterinarian?	Yes
In which sector did you work?	Public
Did you work full time or part time or casual?	Full Time
What were the approximate hours you worked per week?	40
What was your main area of work?	Veterinary Clinical
What was your main field of work?	Small animal
Did you provide a mobile, ambulatory or home visit service at any time during the year	Yes
Was this service based from a licenced veterinary hospital (premises where you are able to perform major surgery?)	Yes

### CPD Details

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Exit

Submit



## Payment

**i Important**

Your **Annual Return** has been submitted. Please ensure your registration renewal fee is received before 30 June



### Fee

Registration renewal: \$320.00  
Total Fee : \$320.00

Pay invoice now

Send invoice to someone to pay on my behalf

Exit

 [Make Payment](#)



## Payment

**i** Important

Your **Annual Return** has been submitted. Please ensure your registration renewal fee is received before 30 June



### Fee

Registration renewal: \$320.00

Total Fee : \$320.00

Pay invoice now

Send invoice to someone to pay on my behalf

Please provide the name and email address of the person who will be paying your annual renewal fee and an invoice will be emailed to them along with a link to make the payment.

Name\*

Please enter name

Email\*

Please enter email address

Exit

Send Request Email





## Payment

### Payment Summary

Registration Renewal Fee	\$320.00
<b>TOTAL FEE</b>	<b>\$320.00</b>



You will be taken to Service NSW to complete this payment.

The Customer Payments Platform (CPP) is a digital solution that provides the customer with a consistent payment experience across NSW Government. It is a whole of government payment platform delivering a seamless, end-to-end payments experience across government and supporting a range of payment methods.

If you are not redirected to Service NSW, please check if your browser is preventing the launch of new tabs.

Pay Now

Back

Exit

Submit & Next





# Make a payment

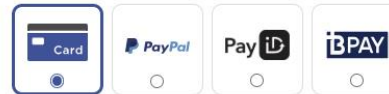
## Payment for

Registration Renewal Fee

Reference: 5b0b554a-19c7-4c62-9544-e3241d325ded

Veterinary Practitioners Board

## Payment options



Credit and debit cards accepted



A merchant fee (0.44% to 1.76%) applies for using credit and debit cards 

Card number

Test environment

Expiry date

 / 

CVN 

Validate card





## Make a payment

### Processing payment

**Please wait - do not close your browser**

✔ Payment approved

✔ Payment finalised

⌄ Redirecting ...

If you are not automatically redirected, please [click here](#).



We pay respect to the traditional custodians and first peoples of NSW, and acknowledge their continued connection to their country and culture.







## Payment Console



### Payment Successful & Application Submitted

Payment of **\$320.00** for **Registration renewal**

Payment Reference: **GPP-DIG-HCtnU0v8S9GQ5Y99GqEzWQ**

Completion Reference: **D4KBKUQRDX**

[Go to Dashboard](#)





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- Personal
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- Continuing Professional Development
- History

Registration Status **Registered**  
 Registration Number **NSW V 1000000**  
 Division **Full**  
 Conditions **Yes**  
 Declarations **No**  
 Expiry Date **30 June 2025**

✔ Registration renewal complete.

Applications

Documents

Applications

Show Filters

Date Started	Application Name	Status	Action
07/05/2024	Annual Return	Approved	⋮
07/05/2024	Address Change - Mailing	Approved	⋮
07/05/2024	Address Change - Work	Approved	⋮
07/05/2024	Address Change - Residential	Approved	⋮





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Registration Status: **Registered**  
Registration Number: **NSW V 1000000**  
Division: **Full**  
Conditions: **Yes**  
Declarations: **No**  
Expiry Date: **30 June 2025**

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✔ Registration renewal complete.

### Payments

Show Filters

Date	Form Name	Fee Description	Amount	Status	Transaction Type	Reference No.	Completion Ref.	Action
07/05/2024	Annual Return	Registration Renewal Fee	\$320.00	COMPLETED	Payment	GPP-DIG-HCtnU0v8S9GQ5Y99GqEzWQ	D4KBUQRD	 View Tax Invoice

