

FORM A - Credentials Application*

The undersigned,

Name
First name
Initials
Title
Street, number
Postcode, city
Country
Tel
Email

herewith submits credentials for consideration by the ECVO Credentials Committee.

The undersigned intends to apply for the qualifying examination of the ECVO, to be held in the year
(Please fill in the year you intend to sit the examination)

I have arranged payment of 270.00 to the ECVO Bank Account (must be received by 1 September) YES/NO

I am licensed to practice veterinary medicine and surgery in the European Union YES/NO

I have completed an ERC approved regular RTP

YES, date

NO, scheduled date

I have completed an ERC approved alternative RTP

YES, date

NO, scheduled date

This is the first time that I have submitted my Credentials Application YES/NO

Date:

Signed:

The decision to accept an applicant for examination is at the discretion of the ECVO Credentials and Examination Committees.

* Please see Application Guidelines under Resident Section/Examination on www.ecvo.org (as given in the Bylaws 5.1. of the ECVO)