**FORM B – Exam application\*\***

The undersigned,

Name ..........................................................................................................

First name ..........................................................................................................

Initials ..........................................................................................................

Title ..........................................................................................................

Street, number ..........................................................................................................

Postcode, city ..........................................................................................................

Country ..........................................................................................................

Tel ..........................................................................................................

Email ..........................................................................................................

herewith applies to take the next qualifying examination of the ECVO.

Please indicate the component(s) of the exam that you wish to take:

* Full examination ☐
* Theoretical parts (MCQ and slides) ☐
* Written (MCQ) part only ☐
* Slide part only ☐
* Practical part only ☐

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 the appropriate examination fee to the ECVO Bank Account

(must be received by 1 December) YES/NO

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

This is my first application to take the ECVO examination YES/NO

I have already taken the ECVO examination in the year(s) .............. and I passed the written (MCQ)/slide/practical section(s) and failed the written (MCQ)/slide/practical section(s).

***Circle as appropriate.***

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 ......................

My credentials were approved by the ECVO Credentials Committee on ………………..

*(please fill in date that notification of credentials approval was received)*

*Note that the candidate’s residency training programme MUST be completed and all End of Residency documentation received and approved by the ECVO Education and Residency Committee, and required Credentials Documentation approved by the ECVO Credentials Committee, prior to taking the qualifying exam.*

Signed .................................................................. Date..........................

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](http://www.ecvo.org)