

ECVIM-CA Resident Enrolment Form

Resident details

Title: Dr Mr Ms Mrs Miss

Male Female Divers

Last Name: First Name:

Nationality: Graduated from (Vet School):*

Work Address:

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E-Mail:

** The primary veterinary qualification must have been obtained from an EAEVE-approved establishment unless relieved of this obligation by the Education Committee. In case of any question, please contact the College Secretariat.*

Location of Residency:

Internal Medicine Cardiology Oncology

Date of commencement of Residency:

(Can be up to two months before the date of this letter)

Prospective date of end of Residency.....

Resident Adviser:

Expected date for General Examination:

Expected date for Certifying Examination:

Location of rotating internship:

Programme Director (please print name):

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I confirm that my Resident has graduated from an EAEVE-approved School.

Or

This obligation has been relieved by the Education Committee. (Please tick one box)

I confirm that my Resident completed a rotating one-year internship as defined by the current ECVIM-CA Information Brochure before starting this Residency. (Please tick the box)

Date and place:

Signature:

Resident (please print name):

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I understand that my enrolment will not be processed until the ECVIM-CA has received the enrolment fee of € 150. (Please tick the box)

I will send a proof of payment as soon as the payment is made.

Date and place:

Signature: