

ECVIM-CA Resident Enrolment Form

Resident details

Title: Dr Mr Ms Mrs Miss
 Male Female Other Prefer not to say

Last Name: First Name:

Nationality: Graduated from (Vet School):*

Work Address:

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:
 (For already approved conventional programmes, this can be up to 2 months before or after the date of this letter. For alternative programmes, programme approval needs to be in place before the residency can start.)

Prospective date of end of Residency.....

Resident Adviser:

Expected date for General Examination:

Expected date for Certifying Examination:

Location of rotating internship (or equivalent):

Programme Director (please print name):

Resident (please print name):

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

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

Or

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

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

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

Date and place:

Date and place:

Signature:

Signature: