**ECVIM-CA Resident Enrolment Form**

**Resident Details**

First name:

Last name:

Nationality:

E-mail:

Graduated from (VetSchool):

*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.*

**Residency**

Location of Residency:

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 Advisor:

Expected date for General Examination:

Expected date for Certifying Examination:

Location of rotating internship (or equivalent):

**Programme Director**

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

This obligation has been relieved by the Education Committee.

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

Date and place:

Signature:

**Resident**

I understand that my enrolment will only be processed after payment of the enrolment fee (€ 150).

Date and place:

Signature: