ECVCP PHASE 2 EXAMINATION

APPLICATION FORM

A. Personal Details	
Full name:	………………………………………………………………………………
Current Organisation:	………………………………………………………………………………
Address:	………………………………………………………………………………
	………………………………………………………………………………
	………………………………………………………………………………
Telephone number:	………………………………………………………………………………
Email:	………………………………………………………………………………

B. Details of Residency	
Institution:	………………………………………………………………………………
Supervisor (active ECVCP Diplomate):	………………………………………………………………………………
Date of (renewal of) approval of Training Programme by Education & Credentials Committee:	………………………………………………………………………………
Date of (renewal of) approval of Laboratory by Lab Standards Committee:	………………………………………………………………………………
Official ECVCP start date of Residency as registered with the ECVCP Education & Credentials Committee:	………………………………………………………………………………
End date of Residency (minimum of 36 months must be completed by 31 August of this year):	………………………………………………………………………………
If Residency was interrupted, please provide dates:	
• For time spent in the Residency:	………………………………………………………………………………
• For time spent away from the Residency:	………………………………………………………………………………

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Approximately what percentage of time during the Residency did the candidate spend on the following activities ? 1. Laboratory Management/ Quality Assurance: 2. Cytology: 3. Haematology: 4. Clinical chemistry: 5. Research and publications: 6. Teaching: 7. Self-study: (All together: 100%)	1.. 2.. 3.. 4.. 5.. 6.. 7..

C. Requirements for examination entry

1. Final year Activity Log

Activity Log, describing externships, journal clubs, rounds, laboratory duty, research, and presentations over the preceding year.

Please:

- Confirm that final year Activity Log has been previously submitted:

  Yes: ☐   No: ☐

- OR, attach final year Activity Log (if not previously submitted and approved):

  Yes: ☐   No: ☐

- OR, if final year of Residency is not complete, final year Activity Log completed to current date,
  AND confirm that the outstanding Activity Log for final year will be submitted by 31st August:

  Yes: ☐   No: ☐

  Yes: ☐   No: ☐

(Please do not resubmit Activity Logs if they have already been approved.)

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2. Compulsory Externships

Please specify whether documentation for each of the below has been previously submitted. If not, please provide documentation now.

(Please do not resubmit Externship documentation previously provided)

a. **Attendance at a minimum of one ESVCP congress during residency.**
   Year and location of congress:

   Year: _____   Location: _____

   Previously submitted?   Yes: ☐   No: ☐

   If not, include proof of attendance: Yes: ☐

b. **Attendance at a minimum of one ECVCP Summer School during residency/before examination.**
   Year and location of Summer School:

   Year: _____   Location: _____

   Previously submitted?   Yes: ☐   No: ☐

   If not, include proof of attendance: Yes: ☐

c. **Other externships deemed mandatory by the Education and Credentials Committees** (not applicable for Residents starting residencies before October 2022). Applicable ?

   Yes: ☐   No: ☐

   Previously submitted?   Yes: ☐   No: ☐

   If not, include proof(s) of attendance on following page:

   Yes: ☐

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Location	Supervisor/ Organisation	Dates	Number of working days

3. Compulsory ESVCP Membership Please specify whether Proof of Payment has been previously submitted. If not, please provide documentation now. *(Please do not resubmit ESVCP Membership Receipts previously provided)* Previously submitted?	Yes: ☐ No: ☐
If not, include Proof of Payment for final year of Residency:	Yes: ☐
4. Programme Director Report for Exam Application (https://www.esvcp.org/index.php/docman/exam/148-programme-director-report-for-exam-application.html) Report attached:	Yes: ☐

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5. Payment of ECVCP Phase 2 Examination Fee Proof of Payment attached:	Yes: ☐
D. Phase 1 Examination Have you already taken the ECVCP Phase 1 Examination? If yes, please provide the relevant year(s) and results: Date of 1st attempt: Date of 2nd attempt: Date of 3rd attempt: Date of 4th attempt:	Yes: ☐ No: ☐ Result: Pass ☐ Fail ☐ Result: Pass ☐ Fail ☐ Result: Pass ☐ Fail ☐ Result: Pass ☐ Fail ☐

Please email this form and the relevant documents to:

Sue Lennon at secretariat@ecvcp.org

Applications must be received by 1st March of the year of the Examination.

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Attachment Checklist

Please label attachments clearly using the following format:-

Surname description of document (e.g. Jones_Programme Director Report.pdf)

1. If not previously supplied, complete or partial final year Activity Log – file name:
2. If not previously supplied, proofs of compulsory externships (ESVCP congress, Summer School, other) – file names:
3. If not previously supplied, proof of final year ESVCP Membership – file name:
4. Programme Director report – file name:
5. Proof of payment of Phase 2 Examination fee – file name:
6. Total number of attachments (including this form):

Declaration of Accuracy of Information

I confirm that the information provided in this Application is accurate:

Name and signature of Candidate: …………………………………………………….

Date: ……………………………………………………………………………………..

Name and signature of Supervisor: ……………………………………………………

Date: ……………………………………………………………………………………..