



ECVCP PHASE 1 EXAMINATION

APPLICATION FORM 1.1.1.

<p>A. Personal Details</p> <p>Full name:</p> <p>Current Organisation:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Telephone number:</p> <p>Email:</p> <p>.....</p>	
<p>B. Details of Residency</p> <p>Institution:</p> <p>Supervisor (Active Dip ECVCP/Dip ACVP [Clinical Pathology]):</p> <p>Date of (renewal of) approval of Training Programme by Education and Credentials Committee:</p> <p>Date of (renewal of) approval of Laboratory by Lab Standards Committee:</p> <p>Official ECVCP start date of Residency as registered with the ECVCP Education and Credentials Committee:</p> <p>End date of Residency (can be in the future):</p> <p>If Residency was interrupted, please provide dates:</p> <ul style="list-style-type: none">● For time spent in the Residency:● For time spent away from the Residency:	



ECVCP PHASE 1 EXAMINATION

APPLICATION FORM 1.1.1.

<p>C. Requirements for Examination Entry</p> <p>1. I can confirm that I have completed a minimum of 12 months in an ECVCP approved Training Programme:</p> <p>2. Programme Director Report for Phase 1 Examination application attached?</p> <p>3. Proctor who will attend Candidate at the Phase 1 Examination, and will complete the Declaration of Impartiality below:</p> <p>4. Payment of ECVCP Phase 1 Examination fee Proof of payment attached:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NAME*:</p> <p>QUALIFICATIONS**:</p> <p>EMAIL ADDRESS:</p> <p>* cannot be the primary Supervisor</p> <p>** must be Diplomate of ECVCP, ACVP or EBVS/ABVS accredited colleges</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
--	---

Please email this form and the relevant documents to:

Sue Lennon at secretariat@ecvcp.org

Applications must be received by 15th January of the year of the Examination.



ECVCP PHASE 1 EXAMINATION

APPLICATION FORM 1.1.1.

Attachment Checklist

Please label attachments clearly using the following format:-

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

1. Programme Director Report – file name:
2. Proof of payment for Examination fee – file name:
3. 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:

Declaration of Impartiality of Proctor

I can confirm that I will physically attend the Candidate throughout the Phase 1 Examination. I can confirm my ability to be impartial.

Name and signature of Proctor:

Date: