



Resident enrolment form for ECVCP Standard Training Programme

Please note: the recognition of the start of a residency training period by the credential committee requires full approval of the training programme by the ECVCP Education Committee and the approval of the training laboratory by the ECVCP Laboratory Standards Committee. In case of delay in such approval, the training period will be extended accordingly.

Date of application: _____

Internal use only

Reception Date:

Date of Distribution to Credential Committee:

Approval Letter Date:

Comments:

Starting date of residency:

1. Candidate	
Full name	
Private address	
E-Mail	
Mobile Phone	
Citizenship	
ESVCP member	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Candidate's Educational and Professional Background	
Veterinary School	
Degree	
Date of Graduation	
Internship	Location From: _____ to: _____
Private Practice	Location From: _____ to: _____

3. Supervisor	
Name	
Address	
Country	
E-Mail	
Phone	
Date of ECVCP certification	

4. Institution of residency	
Name	
Date of lab accreditation	
Date of training programme approval	

The supervisor

- confirms that he/she is responsible for the organisation of externships according to the guidelines outlined in the ECVCP information brochure
- agrees to the conditions described in the ECVCP information brochure and constitution.
- confirms that the information above is correct to the best of his/her knowledge.

The candidate

- agrees to comply with the conditions described in the ECVCP information brochure and constitution
- confirms that the information above is correct to the best of his/her knowledge.

Date:

Date:

Signature of Resident

Signature of Supervisor