# APPLICATION FORM

# for the

# Qualifying Examination

***Candidate´s personal details***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | Surname |  |
| Date of birth | |  | Nationality |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address |  | | Postal Code |  |
| Town |  | Country |  | |
| Telephone | + | e-mail |  | |

***Residency/Training program***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Start/date |  | | | Ending/expected |  | |
| Affiliation/Institution | |  | | | | |
| Supervisor/ Dipl. ECVPH | | |  | | | |
| Address |  | | | | Postal Code |  |
| Town |  | | | Country |  | |
| Telephone | + | | | e-mail |  | |

I hereby confirm the official submission of the present application including the entire below-mentioned documentation and the payment of the credentials evaluation fee of Euro 100,-- to the below indicated account of the ECVPH. I therefore wish to be examinedin the Year 20\_ for the 1st term

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Credentials/documents to be enclosed:***

* Curriculum Vitae
* Reference letter(s)
* Resident´s Dossier

- *Activity Log Book*

*- Presentation List*

*- Reprints of publications being published or accepted for publication*

* Proof of payment of the credentials evaluation fee
* Declaration that at least 60 per cent of working time has been devoted to Veterinary Public Health activities

**!!! Please return the completed form(s) + documents to the**

**ECVPH Documenting Secretariat by e-mailto:**[**ecvphdocsec@gmail.com**](mailto:ecvphdocsec@gmail.com)

**INSTRUCTIONS on PAYMENT in favour of the ECVPH**

Payment can be done

• by **BANK TRANSFER** to the below indicated account\*

• by **credit card** using the ELECTRONICAL PAYMENT FACILITIES (i.e. Paypal) upon registration and LOGIN at the College´s website [**https://www.ecvph.org/payments**](https://www.ecvph.org/payments)

**Notice**:

* *All* ***transfer fees*** *are payable by the sender, NOT by the beneficiary-(=free of bank charges for ECVPH)!*
* *your* ***name*** *and* ***the reason for payment*** *(i.e. Credentials Evaluation/Exam Fee) are identified through the bank transfer process!*
* *if you use Credit Card/Paypal please note that this electronic payment system charges additional Fees to the beneficiary !*

**\* ECVPH Bank Account**

**from 1.st of January 2018 (!)**

Account holder: Len Lipman, European College of Veterinary Public Health

Name of the bank: RABOBANK

Bank address: Rabobank, Tielweg 26, 2803 PK Gouda The Netherlands

IBAN: **NL 53RABO0321714636**

BIC/SWIFT code: **RABONL2U**