(Amended Date 06/3/19)

European College of Veterinary Sports Medicine and Rehabilitation

Residency Programme Enrolment Application

# Residency Training Application

# Prospective residents may enrol in an established approved residency programme with the agreement of the residency program director. If you have not identified a suitable training programme host you can identify approved training centres on The College’s website. If no suitable training programme can be identified then you could consider establishing an alternate residency programme by contacting a Diplomate of the college and establishing a unique programme.

# During the first five years of the establishment of the college, other routes to membership include

# De facto recognition for internationally-renowned, experienced and suitably-qualified experts in this field, who have a well-documented record of clinical as well as scientific expertise. Such experts should have distinction in the field and their qualifications and experience must exceed those proposed as candidates to take the certifying examination of the organisation.

# Initial applicant pathway for clinicians with extensive experience in the subject who have met the publication and presentation requirements who complete the examinations required as detailed of the college website.

# Requirements

To enrol as a Resident an applicant must:

* be a veterinary graduate of an EAEVE-approved veterinary school,
* have completed a minimum of 1-year rotating internship in the discipline or have suitable alternative clinical experience of 2 years in clinical practice within the discipline,
* be practising, licensed or eligible to be licensed to practise in a European country AND
* be licensed to practice in the country of the standard training programme host

In exceptional circumstances, the education committee may allow the enrolment of applicants that do not meet all of the requirements laid out above

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVSMR Secretary, Email: info@ecvsmr.org

# Residency Training Enrolment Application

|  |  |  |
| --- | --- | --- |
| Prefix: | | …………. |
| First Name(s): | | ………………………………….... |
| Last Name: | | …………………………………... |
| Qualifications | | …………………………………... |
| Contact Information | |  |
| Contact Address: | | …………………………………... |
| Post code: | | …………………………………... |
| City: | | …………………………………... |
| Country: | | …………………………………... |
| Telephone number : | | …………………………………... |
| Fax number: | | …………………………………... |
| E-mail address : | | …………………………………... |
| Host institute for approved residency programme | | |
| …………………………………... Primary Species: Choose an item. | | |
| Veterinary Degree | | |
| Degree | …………………………………... | |
| Awarding university, country | …………………………………... | |
| Date of graduation | …………………………………... | |
| Date of EAEVE accreditation of university | …………………………………... | |
| Brief history of employment | | |
| Please provide details of rotating internship or equivalent post-graduate employment history (click + to add rows)   |  |  |  | | --- | --- | --- | | Dates of employment | Job description  Institute / hospital including address | Details of rotations / species | | | |
| I hereby register my residency with the European College of Veterinary Sports Medicine and Rehabilitation in accordance with its rules and guidelines, as published in the college’s Policies and Procedures  I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my residency training and/or acceptance of my credentials application and may be reason for termination of my residency program and/or permanent disqualification of my application.  I further agree:  (i) to indemnify and hold harmless the European College of Veterinary Sports Medicine and Rehabilitation and each and all of its members, officers, examiners and agents from and against any liability whatsoever in respect of any act or omission in connection with this registration, applications, credentials, examinations, the grades on such examinations and/or the granting or issuance of or failure to grant or issue a certificate to me  (ii) that any certificate, which may be granted and issued to me shall be and remain the property of the European College of Veterinary Sports Medicine and Rehabilitation.  iii) That all personal details regarding my application, electronic and written communications, progress, examination performance, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary.  iv) that I will comply with all requirements of the college policies and procedures and constitution, will submit required paperwork and fees in a timely manner | | |
| Date: Click or tap to enter a date. | | |
| Signature of applicant: | |  |
| Declaration of residency programme director | | |
| I confirm that   1. The applicant named above has been recruited on to the approved residency programme as detailed above. 2. I have confirmed the information provided by the applicant to be correct 3. The individual is a graduate of an EAEVE accredited veterinary degree programme   The individual is a graduate of a non-EAEVE accredited veterinary degree programme but is the most appropriate candidate for this position because: provide details if relevant   1. The resident will follow the programme detailed in the residency programme approved by the ECVSMR. | | |
| Date: Click or tap to enter a date. | | |
| Signature of programme director: | | |
| Name: Click or tap here to enter text. | | |