**FORM A - Credentials Application\***

The undersigned,

Name ..........................................................................................................

First name ..........................................................................................................

Initials ..........................................................................................................

Title ..........................................................................................................

Street, number ..........................................................................................................

Postcode, city ..........................................................................................................

Country ..........................................................................................................

Tel ..........................................................................................................

Email ..........................................................................................................

herewith submits credentials for consideration by the ECVO Credentials Committee.

The undersigned intends to apply for the qualifying examination of the ECVO, to be held in the year ...........

*(Please fill in the year you intend to sit the examination)*

I have arranged payment of 270.00 to the ECVO Bank Account (must be received by 1 September) YES/NO

I am licensed to practice veterinary medicine and surgery in the European Union YES/NO

I have completed an ERC approved regular RTP

YES, date ......................................

NO, scheduled date .......................

I have completed an ERC approved alternative RTP

YES, date ......................................

NO, scheduled date .......................

This is the first time that I have submitted my Credentials Application YES/NO

Date: ..........................

Signed: ......................

The decision to accept an applicant for examination is at the discretion of the ECVO Credentials and Examination Committees.

\* Please see Application Guidelines under Resident Section/Examination on [www.ecvo.org](http://www.ecvo.org) (as given in the Bylaws 5.1. of the ECVO)