# 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**

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

**until 31.st of December 2017 (!)**

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 **www.ecvph.org**

**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 Fee) are identified through the bank transfer process!*
* *if you use Credit Card/Paypal please note that this electronic payment system charges to the beneficiary Euro € 5,64 EUR, which you should add to the fee (Euro 100,00 + 5,64).*

**\* ECVPH Bank Account**

**until 31.st of December 2017 (!)**

Account holder: *Kurt HOUF (Treasurer)*

 European College of Veterinary Public Health

Name of the bank: BELFIUS

**IBAN: BE24 0635 3494 5638**

**BIC/Swift Code: GKCCBEBB**