



EUROPEAN COLLEGE OF VETERINARY INTERNAL MEDICINE - COMPANION ANIMALS

2008 EXAMINATION APPLICATION FORM

I hereby apply to sit for the Certifying Examination of the European College of Veterinary Internal Medicine - Companion Animals (ECVIM-CA).

In the specialty of:

Internal Medicine

Cardiology

Location of examination: Ghent, Belgium.

Date: The examination will take place in the same week as the ECVIM-CA congress.

Deadline for application to take exam in 2008 is January 1st, 2008

TITLE _____ SURNAME _____ FIRST NAME _____

ADDRESS:

.....

CITY:.....POST CODE.....COUNTRY.....

TEL:.....FAX:EMAIL.....

This examination will consist of three parts as described in the Information Brochure. I must take the general examination before or during the same week as the certifying examination. I have to pass each section of the examination in order to become certified. If I pass the general examination and all but one section of the certifying examination on the first attempt I only need to retake the failed section. If I have passed the general examination and failed more than one section of the certifying examination, I have to retake the certifying examination completely. If I have not passed the general examination and failed any part of the certifying examination I have to retake the certifying examination completely. Failure to pass all parts of the examination within eight years of first sitting will prevent me from being certified. The numbers of reapplications will be limited to three.

With this application form I will also submit all the requirements listed in the Information Brochure and I enclose one recent photograph. The application fee is 200 Euro and is non-refundable. The application will not be evaluated or processed without the application fee being paid in full. The examination fee for the certifying examination is 300 Euro. The examination fees have to be paid before June 1st of the year in which the examination will be taken and is only refundable if I am unable to attend the examination for health or grave personal problems.

I have read the above information, understand it and agree with the terms.

Date:.....Signature:.....