Registration Form for Residents

This form is to be completed by the Applicant, Programme Director and the Mentor, and submitted by the Mentor to the ECVECC Secretary by February 1st or August 1st after the start of training, along with the Registration Fee and Payment Form.

# Applicant Information

## Name

Prefix: …………..

First name: …………………………………...

Middle name: …………………………………...

Last name: …………………………………...

Suffix: …………………………………...

Degree/Title: …………………………………...

## Office

Name: …………………………………...

Contact address: …………………………………...

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

## Private

Contact address: …………………………………...

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

## Contact Information

Telephone number 1: …………………………………... (Please include land code)

Telephone number 2: …………………………………... (Please include land code)(Optional)

Fax number 1: …………………………………... (Please include land code)

Fax number 2: …………………………………... (Please include land code)(Optional)

E-mail address 1: …………………………………...

E-mail address 2: …………………………………... (Optional)

Any change in contact information must be reported and updated with the ECVECC Secretary immediately.

I have read and understand the most recent version of the ECVECC Policies and Procedures, and agree to all stipulations and requirements.

With signing this form I am applying to be accepted by the ECVECC as a Resident.

Signature: …………………………………………………………….. <date>

<your name> <place>

# Facility

Name: …………………………………...

Contact address: …………………………………...

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

Programme Director: …………………………………...

# Mentor Information

## Name

Prefix: …………..

First name: …………………………………...

Middle name: …………………………………...

Last name: …………………………………...

Suffix: …………………………………...

Degree/Title: …………………………………...

## Institution/Hospital/Practice

Name: …………………………………...

Contact address: …………………………………...

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

## Contact Information

Telephone number: …………………………………... (Please include land code)

Fax number: …………………………………... (Please include land code)

E-mail address: …………………………………...

Any change in contact information must be reported and updated with the ECVECC Secretary immediately.

## Statement of Mentorship

I certify that I have accepted and will act as Mentor for <applicant’s name>

for training in Emergency and Critical Care at <name of approved Residency Training Facility>.

The residency begins on <date> and ends on <date>. This training will occur in a Residency Training Programme that has been approved by the ECVECC Education Committee. I understand the responsibilities of Mentorship, and have signed the Mentor Agreement for the Residency Training Programme.

I further certify that I have confirmed that the Applicant named above:

* has graduated from an European Association of Establishments for Veterinary Education (EAEVE) approved college of veterinary medicine and is legally able to practise veterinary medicine and surgery in Europe;
* has completed an initial training period in the form of an one year rotating internship or its equivalent in small animal practice;
* has been accepted into an approved Residency Training Programme;
* has reviewed the Residency Training Requirements and has verified his or her ability to comply.

I offer my full support as Mentor of this candidate. At this time, I am mentoring <number> other active residents or fellows:

Resident/Fellow 1: <individual’s name>

Resident/Fellow 2: <individual’s name>

Resident/Fellow 3: <individual’s name>

Resident/Fellow 4: <individual’s name>

Signature: …………………………………………………………….. <date>

<your name> <place>

# Programme Director

I, as Programme Director, confirm the above to be true

Signature: …………………………………………………………….. <date>

<your name> <place>

# Submission

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVECC Secretary.

Email: secretary@ecvecc.org

For ECVECC use:

Received by: …………………………………………………….. Date: ……………………………………………………

Approved by: ………………………………………………….. Date: …………………………………………..………

Assigned ECVECC # …………………………………………..