Please complete the requested information in this document accurately and completely.

For the YES/NO questions please delete the non-applicable answer. For questions asking to list details please use bullet points to list the individual details. If none, write NA.

This form must be submitted to the RO Subspecialty Secretary (secretary-RO@ecvdi.eu).

The application process closes 28 April 2027.

# PERSONAL DETAILS

* Last name (Family name):
* First name:
* Male/Female
* Nationality
* Address (Street):
* City:
* Post code:
* Country:
* Telephone number (include country code) - work:
* Telephone numbers (include country code) – private:
* E-mail address:

**Please note:** This e-mail address must be current as it will be used to confirm receipt of your application and for all other communication.

# LICENSING / QUALIFICATION INFORMATION

## Name and country of the veterinary school where you received your veterinary degree:

## Year that you graduated from veterinary school:

## Are you currently registered / licensed to practise veterinary medicine in Europe?

**YES / NO**

## Please state which country(ies) you are registered/licensed to practise veterinary medicine and your license number (if applicable):

## Has your license to practise veterinary medicine ever been suspended?

**YES / NO**

If yes, give brief details and we will contact you for further information:

## Internship, residency training and clinical experience

|  |  |  |  |
| --- | --- | --- | --- |
| Dates attended | Programme name | Director/supervisor | Institution and address (incl country) |
|  |  |  |  |

## Board certification(s) and other academic titles and date received

* \_
* \_
* \_

## Delineating de facto criteria

### Please explain your role as an initiator in your field

### Please provide supporting documentation for being internationally recognised as a qualified specialist by peers This must include a minimum of two letters of recommendation and further evidence.

### Please provide evidence for at least ten years experience practising the speciality, and by teaching, research, and practice having contributed significantly to the development of the speciality.

### Are you the author of at least ten significant publications in peer-reviewed journals resulting from the research or practise in the speciality?

### Do you spend at least 60 percent of your time practising the speciality, based on a normal working week of 40 hours, for the last at least 10 years

### Are you practicing in Europe?

### Please provide evidence that you practise scientific, evidence-based veterinary medicine, which complies with animal welfare legislation?

### Please give examples to demonstrate your willingness to contribute to the growth of the College (e.g., by training residents).

# STATEMENTS

I have read, understand, and accept the rules and regulations laid out in the ECVDI-RO Subspeciality Policies and Procedures as well as regulations of the ECVDI and are aware that changes are made periodically to these documents.

Print Name …………………………………………………………….

Signed …………………………………………………………….

Date………………………….

**(This form must be either signed digitally or a scanned version of the hand-signed form must be included with the application)**