Last modified : June 2022

ECZM Application Form for a Standard/Alternate Residency candidate

Select a specialty : Choisissez un élément.

1. APPLICANT'S PERSONAL INFORMATION AND CV

**Personal information and contact details**

Family name: *Click and add family name*

First name: *Click and add first name*

Gender: *Click and add your gender*

Date of birth: *Click and choose date of birth*

Address: *Click and add complete postal address*

Country of residency: *Click and add your country of residency*

Telephone number(s): *Click and add your telephone number(s)*

E-Mail address (business): *Click and add your E-Mail address*

E-Mail address (private): *Click and add your E-Mail address*

Education

*Note: Please copy & paste the respective section below in order to provide information on more than one degree awarded, and add as many as needed.*

University: *Click to add name of university*

Degree(s) awarded to date (with year of achievement):

*Click to add degree*; *Click to add year of achievement*

Is the faculty a European Association of Establishments for Veterinary Education (EAEVE) approved faculty?

☐ Yes ☐ No

**Professional experience**

1. Employments after graduation:

*Note: Please copy & paste the respective section below in order to provide information on more than one employment, and add as many as needed.*

* + Employer/Institution: *Click and add information*

from: *Click and choose date*

to: *Click and choose date*

Description of the work :

*Note: In case an Internship was conducted, a certificate of Internship and/or a covering letter signed by the supervisor should be submitted with the application.*

☐ Internship ☐ Residency

☐ Other (please describe): *Click to add information*

**Post-graduate education**

1. Courses

*Note: Please copy & paste the respective section below in order to provide information on more than one course, and add as many as needed*.

* + Name: *Click to add name of course*

Organizer (city, country): *Click to add organizer name, city, country*

Type of course: *Click to add type of course*

from: *Click and choose date*

to: *Click and choose date*

1. Congresses and symposia attended

*Note: Please copy & paste the respective section below in order to provide information on more than one meeting, and add as many as needed.*

* + *Click and add name of congress / symposium*; *Click and add date and place of course* Type of meeting: ☐ National ☐ International

1. Publications in the relevant specialty

*Note: Please copy & paste the respective section below in order to provide information on more than one publication, and add as many as needed.*

* + *Click and add list of authors*: *Click and add title of publication*, *Click and add name of journal & volume*, *Click and add year of publication*, *Click and add pages or DOI*

Type of publication: ☐ Original research ☐ Case report ☐ Review

☐ Other (please specify): *Click to add type of publication*

1. Communications at congresses on zoological medicine in the relevant specialty

*Note: Please copy & paste the respective section below in order to provide information on more than one contribution, and add as many as needed.*

* + *Click and add list of authors*: *Click and add title of contribution*, *Click and add type of contribution* , *Click and add name of congress / symposium*, *Click and add date and place*

Type of meeting: ☐ National ☐ International

**2. ECZM Standard RESIDENCY PROGRAMME**

**Name of the Institution:** *Click and add name of the institution*

Address: *Click and add complete postal address*

Country: *Click and add your country of residency*

Type of Institution: *Click and add your telephone number(s)*

E-Mail address: *Click and add your E-Mail address*

Select a specialty : Choisissez un élément.

**Programme Director’s name, title(s):** *Click and add name and title(s)*

Year of certification/last re-certification as Dipl. ECZM: *Click and add year*

**3. DETAILS OF THE APPLICANT’S PROGRAMME**

**Co-supervisor(s) (if any):**

*Note: Such persons are either EBVS-approved specialists or an equivalent. EBVS-approved specialists have to be re-certified in their respective Colleges every five years.*

**Name, title(s):** *Click and add name and title(s)*

Year of certification/last re-certification or approval/last re-approval:*Click and add year*

**Additional advisors (if any):**

*Note: Such persons are either EBVS-approved specialists or an equivalent. EBVS-approved specialists have to be re-certified in their respective Colleges every five years. Equivalent experts need to be approved by the Education Committee of the ECZM and have to pass a re-approval process every five years along with the program.*

**Name, title(s):** *Click and add name and title(s)*

Year of certification/last re-certification or approval/last re-approval:*Click and add year*

**Expected starting date:** *Click and choose date*

**Total length of the programme:** *Click and add total length in month*

**Expected year for sitting the qualification exam:** *Click and add year*

*Note: The Residency has to be completed by the application deadline of the certifying examination, which is December 1st each year of the year preceding the anticipated exam.*

**Verification of the document**

Date: *Click and choose date*



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form must be sent **electronically** to the Chair of the Education Committee (E-Mail address: [**eczm.residency@gmail.com**](mailto:eczm.residency@gmail.com)

For further information please contact the Chair of the Education Committee at the above mentioned E-Mail address.