**ECZM**

Yalelaan 108, 3584 CM Utrecht,

The Netherlands

Andrei Mihalca, President

*Last modified: June 2022*

ECZM Application Form

for Certification by Examination

I hereby make application to the European College of Zoological Medicine for certification by Examination in the specialty field:

Avian Medicine

Herpetologic Medicine

Small Mammal Medicine

Wildlife Population Management

Zoological Medicine

I am applying for:

the **Full Exam**

**Re-taking the Exam**

Year(s) of previous attempt(s): *Click and fill-in year(s) of previous attempts*

Part of the Exam successfully passed at previous attempt(s):

Multiple-choice questions (MCQ) in: *Click and fill-in year when MCQ were passed*

Practical questions (PQ) in: *Click and fill-in year when EQ were passed*

**1. FAMILY NAME:** *Click and fill-in your family name*

**2. FIRST NAME:** *Click and fill-in your given name*

**3. PLEASE WRITE YOUR NAME AND FAMILY NAME IN THE ORDER YOU WANT THEM TO APPEAR ON THE CERTIFICATE:**

*Click and fill-in your full name*

**4. ADDRESS:***Click and fill-in your postal address*

Phone (Business): *Click and fill-in your phone number*

Phone (Home): *Click and fill-in your phone number*

E-Mail: *Click and fill-in your E-Mail address*

*Click to add additional information*

**5. DATE OF BIRTH:** *Click and select your birth date*

City/Country: *Click and fill-in city and country of birth*

**6. DEGREES:**

*Note: Please copy & paste the following two lines and add as many as needed.*

Veterinary degree (School, Country, Year): *Click and fill-in school*, *country*, *year*

Other (Degree, School, Country, Year): *Click and fill-in school*, *country*, *year*

**7. LICENSE TO PRACTICE VETERINARY MEDICINE**

Country: *Click and fill-in country*, since (year): *Click and fill-in year*

**8. EDUCATION:**

I completed (tick where appropriate):

a Standard Residency Programme at: *Click and fill-in institution and country*

From: *Click and select start date* To: *Click and select end date*

an Alternative Residency Programme at: *Click and fill-in institution and country*

From: *Click and select start date* To: *Click and select end date*

Under the supervision of (please name Supervisor only):

*Click and fill-in name of your Supervisor*

**9. NOTICE:**

I agree to disqualification from certification, or to forfeiture and return of such certificate in the event that any of the rules governing such certification are violated by me or that any other statements herein made are knowingly false, or in the event that I violate or do not comply with any provisions of the Constitution and Bylaws of the College concerning certification.

I agree not to reproduce or transmit by any means to anyone, questions or materials contained in any portion of the Certification Examination.

I agree to hold the European College of Zoological Medicine, its members, examiners, officers and agents free of any damage or complaint by reason of any action they, or any one of them, may take in connection with this application, and/or failure of said corporation to issue me such certification or failure to me to a membership in the European College of Zoological Medicine.

**10. SUBMISSION:**

This application form must be sent (as a PDF-document) to the chair of the Examination Committee and the Secretary (secretary@eczm.eu).

Please send the complete and verified application document no later than December 31st / 23:59 CET of the year preceding the anticipated examination. Upon payment of the examination fee through the College’s website, the Candidate will receive a confirmation of registration for the certifying examination in the designated specialty. Please visit the website of the ECZM (https://www.eczm.eu) and go to ‘Payments’ in the ‘Diplomates / Resident Area’ in order to make the payment by bank transfer or Paypal. Note that it is in the Candidate’s responsibility to ensure timely payment of the fee, and that any fees paid are non-refundable.

**DATE:** *Click and select date*

