



# American Board of Veterinary Practitioners Reptile & Amphibian Practice Pre-Applicant Program

Individuals submitting a Letter-of-Intent to seek specialty certification in Reptile & Amphibian Practice must provide the following information and submit a processing fee of \$65.

Name: \_\_\_\_\_ Date of Submission: \_\_\_\_\_  
(last, first, middle)

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Is this address Home or Business?

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Current Work Position(s): \_\_\_\_\_

Prior Work Position(s): \_\_\_\_\_

\_\_\_\_\_

College of Veterinary Medicine: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Include copies of official certificates that confirm you have attended at least 36 hours of reptile/amphibian continuing veterinary medical education in the last 2 years.

Three potential Advisors in order of your preference:

Name 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

*I hereby seek to participate in the American Board of Veterinary Practitioners (ABVP) Reptile & Amphibian Practice Pre-Applicant Program in accordance with the Bylaws and executive decisions of the Council of Regents of the AVBP as they are now or may be subsequently amended. I also hereby agree that prior or subsequent to my application, the Board may investigate my standing as a veterinarian and my reputation for complying with the ethical standards of the profession.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment in the amount of \$65.00 U.S. made as follows:

Check enclosed

MasterCard

VISA

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

If you have questions, please call ABVP, 800-697-3583. Send application and fee to:

**American Board of Veterinary Practitioners**  
618 Church Street, Suite 220 Nashville, TN 37219

ID# \_\_\_\_\_  
(For office use only)