



APPLICATION FORM

Residency Track (For first-time applicants)

ID#

(For office use only)

Name:

(Last)

(First)

(Middle)

Email Address:

ABVP mail should be sent to: Home Business

Address (Business):

Address (Home):

Business Phone:

Business Fax:

Home Phone:

Mobile:

Current position(s):

Graduate of:

Year:

Licenses(s): State

License #

State

License #

Practice Category to which you are applying:

Residency Program:

Advisor:

Date of Completion:

Manuscript Citation:

I hereby apply to the American Board of Veterinary Practitioners (ABVP) for examination in accordance with the bylaws and executive decisions of the Council of Regents of the ABVP as they are now or may be subsequently amended. I also hereby agree that prior to or subsequent to my examination, the council may investigate my standing as a veterinarian, including my reputation for complying with the standard of ethics of the profession.

I certify that all statements made are my own and are true and correct. I acknowledge that any findings to the contrary may initiate disciplinary action by the Council of Regents.



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I hereby freely waive my right of access to all Applicant Evaluation Forms sent to the ABVP in conjunction with my application for admission as a candidate. I understand that the Applicant Evaluation Forms may not be used for any purpose other than the evaluation of my qualifications for admission, and that I have a right to know the names of any and all such persons submitting them.

I have read, understand and accept the policies, procedures and all information of the ABVP certification process as described in the Applicant Handbook. Furthermore, I specifically understand (1) which examinations are required, (2) the requirement that I pass all examinations within three years of acceptance, and (3) that the examination fee is non-refundable.

I agree to hold the American Board of Veterinary Practitioners (ABVP), its Council of Regents, officers, employees and agents free from any damage or complaint by reason of any action that they take in connection with credentialing decisions or examination scores, or the failure of the ABVP to issue me board certification.

Signature: Date:

Payment Method in the amount of \$330:

Check enclosed (Drawn on U.S. Banks only) Credit card: Expiration Date:

Note: We accept Visa and MasterCard only

Credit Card No.: Amount Enclosed: \$

Cardholder Name: Signature:

Billing Address:

Send this form and application fee by **September 1st** to: **ABVP Application**
618 Church Street • Suite 220 • Nashville, TN 37219
For more information visit www.abvp.com or call 800.697.3583

*Once the office receives your completed application form and your application fee, you will receive an applicant packet with helpful information and checklists to guide you through the remainder of the process.

Reminder:

Submit your credentials packet by January 15th. This packet will contain the following documents:

- A letter from your program supervisor indicating satisfactory completion of the residency up to that date
- One (1) Case Report
- Synopsis of Practice Experience
- Record of Continuing Education
- Copy of Diploma
- Self-Report Practice Experience Form
- Three Applicant Evaluation Forms
- Curriculum Vitae