



CREDENTIALS FORM

Practice Track (For first-time applicants)

ID#

**Your ID number was provided in your welcome packet.*

Name:

(Last)

(First)

(Middle)

Email Address:

Please check each box indicating the following documents are enclosed:

- 1) Photocopy of your Veterinary Diploma (2 copies)
- 2) Curriculum Vitae (2 copies)
- 3) Synopsis of Veterinary Practice (2 copies)
- 4) Self-Report Job Experience (2 copies)
- 5) Continuing Education Documentation (2 copies)
- 6) List of evaluators (see below)
- 7) 2 Case Reports (5 copies)

OR

- 8) 1 Case Report (5 copies)
and
1 publication (2 copies)

**Note: You will check either box 7 or 8. You will not check both boxes.*

References (Name and Address): The individuals named here must submit confidential Applicant Evaluation Forms; letters of recommendation may not be substituted. These forms must be included with your credentials materials.

Reference 1:

Reference 2:

Reference 3:



AMERICAN BOARD OF VETERINARY PRACTITIONERS
CREDENTIALS FORM

618 Church St., Ste. 220, Nashville, TN 37219
615.250.7794 p • 800.697.3583 toll free
615.254.7047 f • abvp@xmi-amc.com • abvp.com

Practice Track (For first-time applicants)

Please list the titles of the two (2) manuscripts you are submitting.

Title #1:

Check One: Title #1 is a CASE REPORT PUBLICATION

Title #2:

Check One: Title #2 is a CASE REPORT PUBLICATION

Send this form and **all** credentials materials by **January 15th** to:

ABVP Credentials

618 Church Street • Suite 220 • Nashville, TN 37219

For more information visit www.abvp.com or call 800.697.3583