



AMERICAN BOARD OF VETERINARY PRACTITIONERS

CREDENTIALS FORM

Residency Track (For first-time applicants)

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

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) 1 Case Report (5 copies) []
6) Continuing Education Documentation (2 copies) []
7) A letter from your residency supervisor confirming successful completion of all requirements up to the date of application (2 copies) []
8) List of evaluators (see below) []

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: []

Please list the title of the case report you are submitting now.

Title #1: []

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

Reminders:

- A copy of a published manuscript or proof of acceptance in an approved journal is due by October 1st preceding the examination date.
•A letter from the residency supervisor confirming successful completion of all requirements of the residency is due by October 1st preceding the examination date.