



Australasian Veterinary Boards Council Inc.

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A0039074L

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No. A0039074L

**APPLICATION FOR ASSESSMENT OF ELIGIBILITY FOR REGISTRATION AS
A VETERINARY SPECIALIST IN:**

***New South Wales - Victoria - Queensland - South Australia
Western Australia - Tasmania - Australian Capital Territory - Northern Territory***

Please circle one

Please read the following checklist before applying for registration as a veterinary specialist:

(Please note all applications are to be forwarded through the registering authority)

- Applicants must be currently registered as a veterinarian/veterinary surgeon by the registering authority to which they are applying for specialist registration.
- If you wish to apply for registration as a specialist in more than one category, you will need to complete a separate application for each category and pay an application fee for each category.
- All parts of the form should be completed. Use separate sheets to answer any questions where there is insufficient room provided. Any appended information must be clearly cross-referenced to the application form.

The documentation required in support of the application is as follows:

- **A comprehensive curriculum vitae** that provides information on qualifications, professional employment and activities, as well as, publications; conferences attendances and ongoing participation in the profession
- **Evidence of membership in professional bodies relevant to specialist qualification**
- **Certified copies of postgraduate qualifications**
- **Evidence of current registration/practising status** (e.g. copy of registration certificate, receipt of payment for renewal of registration or specific confirmation by Registering Authority where a current registration certificate is unavailable.)
- **Applicable fees**
- **Completed application form**

The following application form must be completed. Please ensure that you have the most recent version of this form. Photocopy, download, or remove it from the booklet to submit your application. The application is to be **typed and submitted unbound** to the registering authority through which you are applying.

All parts of the application form must be completed. Applications will not be processed unless completed in full and accompanied by all required documentation and fees. **It is not acceptable in completing components of the application form to simply make reference to your curriculum vitae.** A specific response to each component of the application form is required. Additional information can be appended to answer any questions where there is insufficient room provided in the application form. Any appended information must be clearly cross-referenced to the application form.

**APPLICATION FOR ASSESSMENT OF ELIGIBILITY FOR REGISTRATION AS A VETERINARY
SPECIALIST**

(Please answer with care as long delays occur if incomplete)

1 Full Name:

2 Postal address:

Telephone/s:

Facsimile:

Email:

3 Nominated specialty (Annexe A):

Sub-category (if applicable):

4 Primary Veterinary Qualification:

(i) Qualification

(ii) Abbreviation

(iii) Conferring authority

(iv) Year obtained

(v) Year of first registration as a veterinarian/veterinary surgeon

(vi) Number of years practicing as a veterinarian/veterinary surgeon

(vii) For how many years have you been working in this specialist field (inclusive of training) for a minimum of 25 hours per week?

(viii) Are you registered as a veterinary specialist elsewhere? *If yes, provide the following details:*

State/Territory/Country:

Year of Registration:

Specialist Category:

(ix) Have you ever been declined registration as a specialist? *If yes, where?*

SPECIALTY TRAINING

5 Minimum standards for training programs are defined in Section 5 of the accompanying AVBC booklet.

You must provide evidence that you have met the minimum standards.

(Please supply information under the following headings:)

(a) What is your qualification?

(b) Name of Certifying Body:

(c) Date awarded:

(d) Supervised Training:

(i) Name and nature of training program *(e.g. standard or alternative):*

(ii) Location of training program:

(iii) Describe the level of supervision during residency training:

- (iv) **Length of training program** *(please tick the appropriate option):*
 - 96 weeks (2 yrs).....
 - 156 weeks (3 yrs).....
 - other – please specify.....

- (v) **Supervisors** *(please supply the names, specialty qualifications and contact details):*

- (vi) **Other higher degrees** *(if applicable):*

- (vii) **Research projects undertaken during training program:**

6 Examinations:

Describe examination type and length:

Writtenhrs
 Oralhrs
 Practicalhrs
 Other.....*(please specify)*

PROFESSIONAL ACTIVITIES

7 (a) How would you describe your current activities in your specialty? *(please circle)*

Referral practice	Teaching
Research	Government
Consultancy	Other <i>(please describe)</i>

(b) Evidence of referral or specialist practice:

(i) What proportion of your working time is spent currently in your specialty? *(Minimum requirement is 25 hrs per week)*

(a)% **(b)**hours per week.

Current Place (and period) of Employment:

.....

- (ii) **Evidence of speaking engagements at conferences, workshops and/or courses** *(please indicate if these engagements were as a result of invitations):*

- (iii) **Inter-professional contacts with other specialists or experts in the field** *(e.g. membership of professional organizations, journal clubs, local professional groups, contacts with peers):*

- (iv) **Publications** *(please list under the following categories):*
 - * **Refereed publications** *(original scientific papers, reports, review articles or case studies published in scientific journals that utilise a system of scientific peer review prior to publication):*

 - * **Books, book chapters and theses**

 - * **Scientific abstracts published in proceedings from conferences**

 - * **Unrefereed publications** *(scientific papers, reports and case studies published in journals or magazines that do not utilise a system of scientific peer review prior to publication):*

 - * **Unpublished reports** *(papers and reports that have not been in a publicly accessible publication):*

(c) **Continuing Professional Education:**

- (i) **Attendance at conferences/workshops/courses**
(please provide details)

- (ii) **Access to library/journal subscriptions**
(please provide details)

- (iii) **Continued participation in the proposed area of specialization**
(please provide details)

- (iv) **Maintenance of publication record**

(please provide details)

8 I enclose a certified copy of relevant certified post graduate qualification certificate(s) _____(tick)

NOTE: Copies of originals must be certified by a person authorised to do so under the legislation of the jurisdiction in which you are making this application.

e.g. For ANZCVSc applicants - include a copy of 'Final Fellowship Credentials Report' (2 page report only).

For ECVS applicants - include a copy of 'Evaluation Form and Supervisors Report'

For other applicants – include copies of documents equivalent to above.

9 Payment Method (please tick)

I have enclosed a cheque or money order for AUD\$1,320 (incl. GST).
Cheques or money orders should be made payable to **“AVBC Inc”**

or

I have made an online credit card payment through the AVBC website at www.avbc.asn.au for AUD\$1,335 (incl. GST)
(Payment by credit card incurs an extra 1.25% fee to cover bank charges)

or

I authorise AVBC to debit my credit card with AUD \$1,335 (incl. GST).
(Payment by credit card incurs an extra 1.25% fee to cover bank charges)

Credit Card type: Mastercard Visa

Card Holder's Name: _____

Credit Card Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

Expiry Date: _ _ / _ _

Signature:

or

I will pay AUD\$1,320 (incl GST) by direct credit. (You will need to contact the AVBC office for this option).

10 Freedom of Information and Privacy Information Legislation in force in Australia.

I acknowledge that the above information will be used by the registering authority to which I am submitting the application, and other statutory agencies to facilitate the purposes of the relevant legislation.

11 And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Evidence Acts in force in Australia.

12 I have read and understood the information supplied in the current *Specialist Registration Information Handbook*.

	Signature	Date
Applicant
Witness
Print witness name:	
Declared at	
	

Before forwarding your application for assessment please ensure that:

- You have the current application form
- You lodge the application through a registering authority
- You have included all documents as per the instructions on the cover sheet

**APPLICATION FOR ASSESSMENT OF ELIGIBILITY FOR REGISTRATION AS A VETERINARY
SPECIALIST
INFORMATION BOOKLET**

(All correspondence should be addressed to the registering authority in your location)