



Veterinary Surgeons' Board



Form 4C

VETERINARY SURGEONS ACT 1960 - 1984 APPLICATION FOR REGISTRATION AS A SPECIALIST VETERINARY SURGEON

1. Name in full _____
(Block letters, underline surname)
2. Present address _____
3. Last permanent address _____
4. Date of birth _____
5. Place of birth _____
6. Registration as a veterinary surgeon: - State _____
Registration no. _____ Date of Registration _____
(Attach copy)
7. Qualifications: -
(a) Date on which qualification relating to veterinary surgery was obtained _____
(b) _____ Other qualifications and date(s) of award

8. Proposed branch of speciality in which registration is being sought (see below) :-

| | |
|--|--|
| Animal behaviour Avian medicine Canine medicine Cattle management and diseases Deer management and diseases Equine medicine Equine surgery Feline medicine Laboratory animal medicine Large animal medicine Large animal surgery Pig management diseases Sheep management and diseases Small animal medicine Small animal surgery Veterinary anaesthesia Veterinary anaesthesia and critical care Veterinary anatomical pathology | Veterinary clinical pathology Veterinary cardiology Veterinary dentistry Veterinary dermatology Veterinary diagnostic imaging Veterinary emergency medicine and critical care Veterinary epidemiology Veterinary microbiology Veterinary neurology Veterinary nutrition Veterinary oncology Veterinary ophthalmology Veterinary pharmacology Veterinary parasitology Veterinary public health and food hygiene Veterinary reproduction (species) Veterinary toxicology |
|--|--|

Postal Address: PO Box 1721 Melville South WA 6156

Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156

Telephone: (08) 9317 2353 Facsimile: (08) 9317 2363 Email: admin@vsbwa.org.au Website: www.vsbwa.org.au

9. General particulars of professional veterinary experience since graduation:-

| | |
|----------------------|-----------------------|
| (a) Dates (from/to): | Practice or location: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(b) Description of professional activity that relates to proposed branch of speciality:

10. Formal qualifications on which registration as a specialist is being sought.
Name of degree, diploma or other qualification:

Place where degree, diploma or other qualification was granted.

Date obtained: _____

(a) Qualification obtained by examination YES/NO

If YES please answer questions (i) to (v) and question (b).

If NO please answer question (c).

(i) written examination(s): examination subjects and duration of each: -
Examination: _____ Hours: _____

(ii) Oral examination(s): examination subject and duration of each:-
Examination: _____ Hours: _____

(iii) Practical examination (s): describe general nature of examination(s),
if possible:-

(iv) Did the examination include supervised projects? YES/NO
If YES, detail nature of projects and name and address of supervisor.

(v) Describe any other examinations that were required prior to the granting
of your degree/diploma.
Examination: _____ Hours: _____

- (b) Did the qualifications require supervised or professional activity or course work? Give full details of any course work, supervised study or supervised practical work and names and addresses of supervisors:
 - (c) If post graduate qualification was awarded by means other than examination, detail the means by which post graduate qualification was obtained:
11. Experience in area of proposed branch of speciality. Attach separate sheet containing -
- (a) Particulars of dates, scope of experience and percentage of year devoted to -
 - (i) Practising the branch of speciality;
 - (ii) Maintaining or expanding speciality skills,
 - (b) Names and addresses of 2 veterinary surgeons who can confirm your statements.
12. Evidence of continued participation in proposed branch of speciality subsequent to obtaining qualification by which registration is sought, namely -
- (a) Continuing education courses attended;
 - (b) Literature received and regularly studied;
 - (c) Professional contacts with specialists or experts in the field;
 - (d) Formal instruction or supervised programme of instruction;
 - (e) Publication, addresses to learned associations and other evidence of advancing the speciality.
13. Proposed amount of time to be spent in proposed speciality branch -
Average hours per week or percentage of year -

Signature _____ Date _____

NOTE:

Supporting documents to be attached including the formal qualification by which specialist registration is sought.

FOR OFFICE USE ONLY

14. Recommendation of the Veterinary Specialist Qualification Committee:

_____ Date _____
Chairman

15. Decision of the Board -

Approved/Not Approved to be registered as a specialist veterinary surgeon in -

_____ Date _____
Chairman

REGISTRATION DETAILS

Registration Fee of _____ Received _____

Receipt No _____ Date _____

Specialist Register Number _____

Certificate issued on _____

Registrar _____ Date _____