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Description automatically generated**European College of Veterinary Anaesthesia and Analgesia**

Application to sit (or re-sit) Part B Diploma Examinations

Instructions to Candidates:

* Candidates should read the **ECVAA Bylaws** (Article 6.2), the **Policies and Procedures** Chapter 9 and the **document on the website:** General Exam Information / New Examination Process in 2025, carefully before submitting this application.
* This form is required EACH time a candidate intends to sit or re-sit examinations.
* **Save this form as a PDF as: SURNAME Firstname Year Part B Exam Application**
* All forms must be submitted via the ECVAA website. In case of any difficulties with submission, contact website support at website.ecvaa@gmail.com
* Deadline for submission of this form: **1 August.**
* Receipt of this form will be acknowledged by ECVAA website support.
* **If you do not receive acknowledgement within 1 week, please contact the ECVAA Secretary and keep a copy of all communications.**

**1. NAME IN FULL** *(surname first, all in block capitals)*:

**2. MY PRONOUNS ARE** *(Please check appropriate box)*

She/her/hers  He/him/his  they/them/theirs

**3. POSTAL ADDRESS** for all correspondence

**4. MOBILE Phone** *(including country code)*:

**5. E-MAIL** *(please ensure this is the same as your email on the ECVAA website and that you check it regularly for updates on exams)*:

**6. DATE MY RESIDENCY STARTED**:

**7. LANGUAGE OF EXAMINATIONS**

*(Please check the box below)*

I am confident to undertake a written examination in English

**8. CREDENTIALS and PUBLICATIONS**

*(Please read carefully, check all relevant boxes and complete the dates)*

My credentials have been accepted *(this is essential before sitting Part B exams)*

Date of acceptance:

**AND**

My publications have been accepted *(this is essential before sitting Part B exams)*

Details of publication(s):

Date of acceptance:

I have sent proof of acceptance of publications to the Chair of Credentials Committee (creduc.ecvaa@gmail.com)

Date when proof sent:

**9. EXAMINATIONS**

*(Please read carefully, check all relevant boxes and complete the details in the box as appropriate)*

I have taken the ‘old-style’ examinations before

I have taken Part A examinations and passed

I have taken Part B examinations before

|  |  |  |
| --- | --- | --- |
| Date of **all** previous exams | Name of Exam | Result of exams |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**10. EXAMINATIONS:**

I intend to sit Part B of the Diploma examinations in November 20 XX

*(check the box and complete the year)*

I understand that I cannot revert to the old-style examinations once I have sat the new Part A examination

**11. EXAMINATION FEES**

I have paid the prescribed fee via the ECVAA website / Bank transfer

*Please consult the relevant fee documents and send the appropriate amount of money in Euro or in Sterling (equivalent to the amount in Euro). You can also contact the Treasurer for the fee applicable to your situation (ecvaa.treasurer@gmail.com).*

**12. I HEREBY APPLY FOR**

Permission to take the next Part B ECVAA examinations.

I certify that I have read and understood the Policies and Procedures of the ECVAA relative to the examination process, and I understand the ECVAA applies a "fit-to-sit" policy for the examination. Candidates who apply to sit the examination are declaring themselves "fit to sit", and appeals on the basis of physical fitness alone will not be considered. Should a candidate feel unwell during the examination process, they or their invigilator should immediately notify the Chairperson of the Examination Committee (exams.ecvaa@gmail.com).

Signature Date

By signing this document, you agree to your information being used as per the ECVAA Privacy Policy, which is available at [www.ecvaa.org](http://www.ecvaa.org). If you do not agree with this Privacy Policy, please contact the ECVAA Secretary: [ecvaa.secretary@gmail.com](mailto:ecvaa.secretary@gmail.com).