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**European College of Veterinary Anaesthesia and Analgesia**

Application to sit (or re-sit) the (old-style) Diploma examinations

Candidates should read the ECVAA Bylaws (Article 6.2) and the Policies and Procedures Chapter 7 and Appendix III carefully before submitting this application. This form is required EACH time a candidate intends to sit or re-sit examinations.

Please save this form as a PDF as: SURNAME\_Firstname\_Year\_Application\_to\_sit\_exams

Receipt of this form will be acknowledged by the ECVAA website administrator. **If you do not receive acknowledgement by June 7th, please contact the ECVAA Secretary and keep a copy of all communications.**

Deadline for submission of this form: **June 1st**

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

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

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

**3. POSTAL ADDRESS** for all correspondence

**4. Phone**:

**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. LANGUAGE OF EXAMINATIONS**

Are you confident to undertake a written examination in English?

Yes **or**  No

Are you confident to undertake an oral examination in English?

Yes **or**  No

**10. CREDENTIALS and PUBLICATIONS:**

*Please read carefully, tick all relevant boxes and complete the dates*

My credentials have been accepted

Date of acceptance:

**AND**

My publications have been accepted

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:

**11. EXAMINATIONS**

*Please read carefully and tick all relevant boxes*

I have not taken any part of the examinations before

**OR**

I have taken the examinations before

Date(s) of (**all**) previous examination(s)

Written examinations:

Oral examinations:

**12. EXAMINATIONS:**

*Please read carefully and tick all relevant boxes*

I intend to sit both the written and the oral parts of the examinations this year

**or**

I have passed the written examination and intend to sit only the oral part of the examinations

Year of passing the written exam:

**13. AUDIO RECORDING OF ORAL EXAMS**

An audio recording of the oral/practical ECVAA examinations will be performed. The aim is that these recordings can be used in the case of an appeal procedure. The recordings will be stored by the ECVAA during the period when an appeal may be lodged, or until one has been investigated, and will be destroyed later. The recordings will only be made available in the case of an appeal and the access is restricted to the examination and appeal committees.

I understand that oral ECVAA examinations will be audio recorded.

**14. EXAMINATION FEES**

I have paid the prescribed fee via the ECVAA website / EFT

*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).*

15. I HEREBY APPLY FOR

Permission to take the next 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).