**European College of Veterinary Anaesthesia and Analgesia**

Application to submit or resubmit credentials

Candidates should read the ECVAA Bylaws (Article 6.1) and the Policies and Procedures Chapter 6 and Appendix II carefully before submitting this application. A helpful checklist is available on the ‘How To’ page of the website.

Instructions:

* Please check / tick all boxes below which apply to your submission
* Save this completed form and your other documents as pdfs and name them as follows: YourSurname FirstName Credentials Year (e.g. 2024) NameOfDocument

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

Deadline for submission of credentials: **March 1st**

**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. Phone**:

**5. E-MAIL** *(please ensure this is the same as your email on the ECVAA website)*:

**6. TYPE of RESIDENCY Programme:**

[ ]  Standard Main supervisor:

**or**

[ ]  Alternative Main supervisor:

**7. Date of START OF YOUR RESIDENCY PROGRAMME:**

**8. DATE OF COMPLETION OF YOUR RESIDENCY PROGRAMME**:

(Please check the letter received from Secretary at approval of your programme)

**9. PERIODS OF EXPERIENCE IN VETERINARY ANAESTHESIA BEING OFFERED** (to meet the requirements of the bylaws):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dates | Duration(months) | Where taken | Name of supervisor at the centre |
|  | from | to |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |
| 5 |       |       |       |       |       |
| 6 |       |       |       |       |       |

**10. SUBMISSION OF THE CREDENTIALS:**

*Please read carefully and check all relevant boxes*

[ ]  I am submitting my credentials for the first time for approval this year

**or**

[ ]  I am re-submitting my credentials for approval this year

Dates of previous submission(s):

**11. EXAMINATIONS** (please indicate provisional details only)

[ ]  I request approval of my credentials only and **do not** intend to sit the examinations this year

[ ]  I request approval of my credentials and **do plan** to sit the examinations this year

*Please note that if your credentials are approved you will need to complete the relevant form and pay fees by July 1st this year*

**12. FEES FOR CREDENTIALS EVALUATION OR RE-EVALUATION**

[ ]  I have paid the prescribed fee via electronic transfer

*When your credentials have been submitted please follow the website links to receive information, by email, on how to pay the relevant fee in Euro (or the equivalent in Sterling).*

**13A – Old Training Pathway**

**With this form, I submitted the following** (please check as appropriate):

[ ]  Completed curriculum vitae template

[ ]  My final annual report (also previously sent to Chair of Education committee: education.ecvaa@gmail.com)

[ ]  First page of externship evaluation forms if applicable

[ ]  All pertinent correspondence if special circumstances have been granted (e.g. extension of the programme duration).

[ ]  Summary table of the ICU cases and 15 ICU case descriptions.

[ ]  Two case reports in English

[ ]  Two original papers

[ ]  My Excel logbook including 300 anaesthetics (sent by email to the Chair of Credentials committee: creduc.ecvaa@gmail.com)

[ ]  I certify that not more than 150 (50%) of the submitted anaesthetics were collected under experimental conditions.

**13B. New Training Pathway**

**With this form, I submitted the following** (please check as appropriate):

[ ]  Completed curriculum vitae template

[ ]  My final annual report (also previously sent to Chair of Education committee: education.ecvaa@gmail.com)

[ ]  First page of externship evaluation forms if applicable

[ ]  All three (3) mandatory rotation evaluation forms – one for each rotation

[ ]  At least two ‘Oral presentation for Credentials’ evaluation forms (completed and signed)

[ ]  All pertinent correspondence if special circumstances have been granted (e.g. extension of the programme duration).

[ ]  Two original papers

[ ]  My Excel logbook including 300 anaesthetics (sent by email to the Chair of Credentials committee: creduc.ecvaa@gmail.com)

[ ]  I certify that not more than 150 (50%) of the submitted anaesthetics were collected under experimental conditions.

**14. I HEREBY APPLY FOR EVALUATION OF MY CREDENTIALS**

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