

# EUROPEAN VETERINARY PARASITOLOGY COLLEGE (EVPC)

## APPLICATION FOR ALTERNATIVE TRAINING PROGRAMME APPROVAL

*This form should be completed and submitted electronically to [evpc@unipr.it](mailto:evpc@unipr.it)*

Date of application:			
	<i>Programme Supervisor</i>	<i>Candidate</i>	
Name:			
Signature:			
Qualifications:			
Address:			
e-mail:			
Tel:			
Fax:			
Outline of programme <i>(with planned dates and locations)</i> :			
Components of training programme:			
	<i>Location 1</i>	<i>Location 2</i>	<i>Location 3</i>
Name and qualifications of Advisor in location <i>(if not DipEVPC, please provide CV/s)</i> :			
Description of location <i>(one page maximum, to include facilities, staff numbers and qualifications, case throughput, research activity, other activities, learning environment and accreditation status, where relevant)</i>			
Description of training			

**Have you completed the 'Initial registration form for prospective residents'? If not, please do so and submit it to [evpc@unipr.it](mailto:evpc@unipr.it)**

*To be completed by the EVPC*

Date received by Secretary, Education Committee

Approved: (date) .....

(signed) .....