**EUROPEAN VETERINARY PARASITOLOGY COLLEGE  
(EVPC)**

**INITIAL REGISTRATION BY PROSPECTIVE RESIDENT**

**This form must be completed by the prospective Resident and submitted electronically to  
1-** [**evpcsecretary@gmail.com**](mailto:evpcsecretary@gmail.com)  
**2- Chair of Education Committee**

|  |  |
| --- | --- |
| **Name:** |  |
| **Academic qualifications(s):** |  |
| **Affiliation (address):** |  |
| **Website:** |  |
| **e-mail:** |  |
| **Tel.:** |  |

I am currently licenced to practice veterinary medicine in countries of the European Union.

□ YES □ NO *(tick as appropriate)*

*If your answer is NO, please fill the following:*

I am applying for a waiver of the requirement to practice in the European Union.

□ YES □ NO *(tick as appropriate)*

I graduated from an EAEVE-approved veterinary school.

□ YES □ NO *(tick as appropriate)*

*If your answer is NO, please fill the following:*

I am applying for a waiver of the requirement of graduation od an EAEVE-approved veterinary school.

□ YES □ NO *(tick as appropriate)*

I intend to apply for:

□ a Standard Residency Training programme (SRTP)

□ an Alternative Residency Training Programme (ARTP)

□ retrospective recognition of my earlier training  
 *(in this case please provide a description of your previous training with your application using the resp. sheet in the file  
 “Framework and internship evaluation”)*

Locations(s) of proposed training programme:

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(Date, location) (Signature)