**EUROPEAN VETERINARY PARASITOLOGY COLLEGE  
(EVPC)**

**REGISTRATION OF SRTP RESIDENT**

**This form should be completed by residents starting a Standard Residency Training Programme** ***and submitted electronically to the Chair of the Education Committee***

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

I have been accepted for a Standard Residency Training Programme under the supervision of:

*(Name) (Name) (Name)*

1st supervisor Programme Director Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date, signature date, signature date, signature

Start of my studies: *(Date)*

I am aiming to sit the EVPC examination in the year: (Year)

□ I have attached a copy of my initial registration form

□ I have attached my CV and veterinary certificate

□ I have attached a programme proposal including the training and location(s)

□ I have attached the completed file “framework and internship evaluation” indicating the details of my training.

□ I am applying for retrospective recognition of my earlier training  
 *(in this case please provide a description of your previous training with your application)*

□ I am NOT licenced to practise in the EU and the Board of EVPC has granted me dispensation  
 *(in this case I prove a letter of dispensation from the EVPC Board)*