**EUROPEAN VETERINARY PARASITOLOGY COLLEGE
(EVPC)**

**APPLICATION FOR ALTERNATIVE RESIDENCY TRAINING PROGRAMME
(ARTP) APPROVAL**

**This form should be completed by the resident and first supervisor and submitted electronically to****manuela.schnyder@uzh.ch**

Date of Application:

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

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)*