

Please read the following before applying for assessment of your specialist training and qualifications:

- **All applications MUST be submitted directly to the Australasian Veterinary Boards Council via specialists@avbc.asn.au**
- Applicants must be currently registered as a veterinarian/veterinary surgeon with the veterinary registration board where they wish to be registered as a specialist.
- If you wish to apply for registration as a specialist in **more than one category**, you will need to complete a **separate application** for each category and **pay an application fee for each category**.
- All parts of the form must be completed.

The documentation required to support your application is as follows:

- **A current comprehensive curriculum vitae**, which provides information on qualifications, professional employment and activities, publications, attendance at conferences, and ongoing participation in the profession.
- **Colour** scans of your **ORIGINAL** specialist qualifications at 600dpi resolution. No black and white documents will be accepted unless the original document is black and white.
- Evidence of membership of professional bodies relevant to specialist qualification
- Evidence of current registration/practising status (e.g. a **colour** scan of your current registration certificate, receipt of payment for renewal of registration or specific confirmation by the veterinary registration board where a current registration certificate is unavailable.)
- Applicable fees
- Completed current application form

1. Completing the application form

The following application form is a FILLABLE FORM. You can either:

- Print the form and complete it clearly and legibly by hand and then scan your completed form at 600 dpi; **or**
- Complete the form electronically. You will need to use the latest version of Adobe Acrobat DC or Adobe Acrobat Reader DC to fill this form. You can download the free latest version of Adobe Acrobat Reader DC from: <http://www.adobe.com/go/reader>. Attach your completed application form to your email.

2. Supporting document requirements

The scans of your supporting documents must meet the following requirements:

- Include all edges and corners
- Have all text be readable
- Have visible security features (such as the issuing authority's official stamp, seal, signatures, hologram etc.)
- Be in .pdf format.
- Each document must be provided in a separate pdf.
- Where a document has more than one page and/or side, please ensure all pages and sides are scanned and combined into the one file.
- Name each file with your SURNAME and content. For example, SMITHApplicationform.pdf, SMITHSpecialistqualifications.pdf, SMITHRegistrationcertificate.pdf
- Compressed files (eg .zip) will not be accepted and AVBC will not accept scans that are illegible.
- Your assessment will be delayed if your documents do not meet the above requirements and, in all cases, the AVBC reserves the right to request to see the original document(s).

**Please Read the Coversheet Before Completing This Form.
Ensure That You Provide All the Documents Required and Sign the Declaration.
Incomplete Application Forms Will be Delayed.**

SECTION A Your personal details

Please indicate where you wish to be registered as a specialist (choose one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Australian Capital Territory | <input type="checkbox"/> New South Wales | <input type="checkbox"/> Northern Territory |
| <input type="checkbox"/> Queensland | <input type="checkbox"/> Tasmania | <input type="checkbox"/> Western Australia |
| <input type="checkbox"/> Victoria | <input type="checkbox"/> New Zealand | |

Preferred title: Mr Mrs Miss Ms Dr Other

Full name:

Last

First

Middle

Has your name changed since you received your qualifications?

Yes No

If yes, please provide previous name and reason (e.g. marriage)

Address:

(for correspondence) *Apartment/Unit #*

No. and street address

Suburb or city/town

State/region

Post code

Country (if not Australia)

Mobile phone:

Email:

Sex: Male Female Unspecified

Certified specialty: _____

SECTION B Your professional education

Primary veterinary degree

Name of qualification: _____

Abbreviation: _____

University or conferring authority: _____

Month & year obtained: _____

Year of first registration as a veterinarian / veterinary surgeon: _____

Number of years practicing as a veterinarian / veterinary surgeon: _____

Specialty training

Minimum standards for training programs are defined in Section 5 of the *AVBC Specialist Eligibility Assessment Applicant Guide*. You must provide evidence that you have met the minimum standards. Please complete the following:

Name of qualification: _____

Date Awarded: _____

Number of years working in this specialist field for a minimum of 25 hours per week (inclusive of training): _____

Supervised training

Name of training program: _____

Location of training program: _____

A **standard training program** is defined as a **formal, directly supervised, structured** training program such as a university training program. Training programs would normally include **96 weeks of full-time, directly supervised** training in the clinical and technical aspects of the relevant discipline (excluding vacation time). Training occurs **continuously** in a **full-time** training program of **two years or more**.

Does your training program comply with this definition? Yes, it is a standard training program
 No, it does not fit this definition

If your training program does not comply with the definition given above, please refer to section 5.5.3 b) of the *Specialist Registration Handbook* which provides more information on the definition of an alternative training program.

Describe the level of supervision during residency training: _____

If your training program is an **alternative training program** please give full details on how this was structured, including supervisors, whether training was direct or indirect, and the location of training. Please attach a copy of your training timetable or training / case log.

Length of training program (please select):

96 weeks (2years) Start date: _____ Finish date: _____
 156 weeks (3years) Start date: _____ Finish date: _____
 Other (please specify) Start date: _____ Finish date: _____

Name of supervisor(s): _____

Qualifications of supervisor(s): _____

Contact details of supervisor(s): _____

Research projects undertaken during training program:

Please list if applicable:

Examinations

Select the examination method and provide length of time:

- Written – hours
- Oral – hours
- Practical – hours
- Other – hours Please specify if:

SECTION C Professional activities

How would you describe your current activities in your specialty? *(Select all that apply.)*

- Referral Practice Teaching Consultancy Research Government
- Other *(please describe):*

Evidence of referral or specialist practice

What proportion of your working time is spent currently in your specialty? _____ %
(Minimum requirement is 25 hrs per week.) _____ Hrs/week

Current place of employment: _____

Start date: _____

Please provide the name and contact details of someone who can confirm your employment and hours if contacted: _____

- Have you had any career breaks or interruptions which may have impacted your capacity to fulfil the 25 hours per week work requirement?
- Yes *If yes, please attach a separate sheet with the necessary details, signing & dating each page*
- No

Evidence of speaking engagements at conferences, workshops and/or courses

(List up to five most recent speaking engagements – please indicate if these were as a result of invitations):

Inter-professional contacts with other specialists or experts in the field

(e.g. membership of professional organisations, journal clubs, local professional groups, contacts with peers):

Publications

(List up to five most recent publications under the following categories):

Refereed publications

(original scientific papers, reports, review articles or case studies published in scientific journals that utilise a system of scientific peer review prior to publication):

Publications in preparation

Books, book chapters and theses

Scientific abstracts published in proceedings from conferences
(List your most recent abstracts):

Continuing professional education

Attendance at conferences/workshops/courses:

Access to library/journal subscriptions:

SECTION D Declaration and checklist

Freedom of Information and Privacy Information Legislation in force in Australia / Privacy Act 1993 New Zealand

- I acknowledge that the ACRVS / AVBC Inc is authorised to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose.
- I make this solemn declaration conscientiously believing the same to be true and by virtue of the Evidence Acts in force in Australia / Oaths & Declarations Act 1957 (New Zealand).
- I have read and understood the information supplied in the current *AVBC Specialist Eligibility Assessment Applicant Guide*.

Signature of applicant: _____

Date: _____

*Sign OR attach/upload your signature using Adobe Acrobat DC OR Print & Sign
For more details on how to digitally sign, [click here](#).*

N.B Witnesses should be an independent, neutral third party who is not related to the applicant.

Signature of witness: _____

Date: _____

Sign OR attach/upload your signature using Adobe Acrobat DC OR Print & Sign

Name of witness (print): _____

Declared at: _____

Date: _____

Before forwarding your application for assessment please ensure that you have:

- Provided a **current comprehensive** curriculum vitae.
- Provided a **colour** scan of your **ORIGINAL** specialist qualifications at 600dpi resolution.
- Provided evidence of membership in professional bodies relevant to your specialist qualification.
- Provided evidence of current registration/practising status.
- Used the **current version** of the application form.
- Lodged your application **DIRECTLY** to AVBC via: specialists@avbc.asn.au

PAYMENT METHODS (please select)

- Lodge payment online at the AVBC website, AUD\$1,334 (incl. GST)
(Payment by credit card incurs an extra 1.1% fee to cover bank charges)
- Complete credit card details below for payment by credit card, AUD\$1,334 (incl. GST)
(Payment by credit card incurs an extra 1.1% fee to cover bank charges)
- Payment by direct credit, AUD\$1,320 (incl. GST)
(If you select this option the ACRVS officer will send you the AVBC office payment details via email once your application has been received.)
-

CREDIT CARD PAYMENT

Credit card type (please select) Visa Mastercard

Name of applicant: _____

Card holder's name: _____

I authorise AVBC to debit my credit card with: **\$1,334 AUD**

Credit card number: _____

Expiry date: ____ / ____

Signature: _____

*You can sign using Adobe Acrobat DC **OR** Print & Sign **OR** attach/upload your signature here*

PRIVACY STATEMENT

AVBC Inc. is committed to protecting your privacy. By signing the application you give AVBC Inc. permission to make enquiries to assist in the assessment of your qualifications and to use any information supplied in this application for that purpose. The AVBC Inc. will not disclose your personal information to a third party unless required to do by law or other regulations. Technology and security policies, rules and measures have been implemented to protect personal information from improper use, alteration, unlawful or accidental destruction and accidental loss. AVBC Inc. will remove personal information from our systems when it is no longer required.