

**Please read the following before applying for assessment of your veterinary specialist qualifications:**

- **All applications MUST be submitted directly to the Australasian Veterinary Boards Council via [specialists@avbc.asn.au](mailto: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 >300dpi 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

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## **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 Applications 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 Eligibility Assessment Applicant Guide* which provides more information on the definition of an alternative training program.

Describe the level of supervision during residency training:

Length of training program (please select):

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

Name of supervisor(s):

Qualifications of supervisor(s):

Contact details of supervisor(s):

If your training program is an **alternative training program** please give **full details** on how this was structured, including your supervisors, whether your training was direct or indirect, and the location of your training. You will need to show how your training program **complies with each of the criteria** listed in section 5.5 of the Minimum Standards Document (MSD) so the ACRVS can adequately assess your training. The MSD can be found in Section 5 of the *Specialist Eligibility Assessment Applicant Guide*. This information can be included in a separate document or covering letter. Please also attach a copy of your training timetable or training/case log.

## 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 (please specify method) – Hours

## 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 provide further information in a separate document)  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](#).*

### 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 >300dpi resolution.
- Provided a document giving further detail on your alternative training program (if applicable).
- 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](mailto:specialists@avbc.asn.au)





## PAYMENT METHODS (please select)

### Australia based applicants

- 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)
- 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.)

### New Zealand based applicants

- Lodge payment online at the [AVBC website](#), AUD\$1,213  
(Payment by credit card incurs an extra 1.1% fee to cover bank charges)
- Payment by direct credit, AUD\$1,200  
(If you select this option the ACRVS officer will send you the AVBC office payment details via email once your application has been received.)

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#### 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.*