Application for ECAR Residency

Type of residency

O standard (3years) O in combination with PhD (4years) O alternative (2 + 3years)

Subfield

O small animal O ruminant O equine O porcine O biotechnology

(please select only one type and one subfield)

Candidate

name: _____first name:_____

address:_____

phone:_____e-mail:_____

Education in veterinary medicine

Finishing date:_____ and place:_____

Are you allowed to work in a European country as a vet? O yes O no

List of work experience:

- at least 1-year of general medical training
- for alternative residency at least two years with 60% in reproduction

from .... till	Clinic/Practice	%-distribution of the cases within the different medical disciplines

Training institution for the Residency

name: _____

city: _____country: _____

date of approval or re-certification as a training centre: _____

program director (name / e mail address): _____

Supervisor

name: _____first name: _____

e mail address: _____

workplace supervisor: _____

co-supervisor (optional): _____

workplace co-supervisor: _____

Clinical experience

Percentage distribution of the clinical and scientific work:

year	% clinical work	% scientific work
1st		
2nd		
3rd		
4th		

Attachment

O A letter of the supervisor confirming the candidates satisfactory moral and ethical standing in the profession and the willingness of the supervisor to educate the candidate during the residency.

O Curriculum vitae and letter of intent of the candidate.

O A schedule about monthly meetings with the supervisor over the whole residency for alternative residency.

O A case log of all reproductive cases seen in the last 2 years for alternative residency.

With the below signature I confirm that all the given answers are correct and that I'm eligible to practice veterinary medicine in a European country.

_____ , _____ _____

place date signature