

European College of Veterinary Surgeons ECVS
Board Exam - February 2 – 4, 2010 – Zurich, Switzerland
Registration form for certifying examination to attain diplomate status



Family name _____ Given name _____ Title _____

Address _____

ZIP code _____ City _____ Country _____

Email _____ Phone.N° _____ Fax.N° _____

I take the examination for large animals small animals

Examination location: Tierpsital, Vetsuisse Faculty and University Irchel Zurich, Switzerland

Please read carefully and sign at the bottom:

I hereby apply to sit for the certifying examination of the European College of Veterinary Surgeons (ECVS). This examination will consist of Part I (case based), Part II (practical) and Part III (written). I understand, that I have to pass all three parts to acquire diplomate status of the ECVS. I have only to retake the part(s) of the examination, which I fail. I have the right to a total of 4 attempts within 5 years after acceptance of my credentials. Should I not pass all three parts within 5 years there will be NO possibility of a re-application.

With my application I enclose **a recent passport size photograph** (please provide also a high resolution photograph electronically)

The examination fee will be used to pay for the expenses and travelling costs of the examiners and for the administration costs. In case of withdrawal of the application the refunds for the examination fee will be:

– before 8 weeks prior to examination 75% – before 4 weeks prior to examination 50% – less than 4 weeks to examination 0%

I take all three parts and pay EURO 750.–

I repeat the following part(s) Part I (case based) Part II (practical) Part III (written)

I pay EURO 750.– for 3 parts 500.– for 2 parts 250.– for 1 part

Charge my credit card (Amexco in CHF) American Express Mastercard Visa

Expiry date:	month/year	Credit card number:	
CVC2 (Card validation code 2) (three last digits of the number in the signature field - for Euro/Master and Visa card mandatory)			

International payment to European College of Veterinary Surgeons, Union Bank of Switzerland (UBS), 8050 Zurich–Oerlikon, Switzerland

Euro account: IBAN: CH070026926980013802M SWIFT/BIC: UBSWCHZH80A

CHF account: IBAN: CH130026926980013801E SWIFT/BIC: UBSWCHZH80A

Date _____ Signature _____

Please fax or send form by **November 25th** at the latest to:

ECVS, Vetsuisse Faculty University of Zurich, Equine Hospital Winterthurerstrasse 260, CH–8057 Zürich, Switzerland / Fax: +41-44-313 03 84