**European College of Veterinary Surgeons**c/o Vetsuisse Faculty University of Zurich, Equine Department  
Winterthurerstrasse 260, CH-8057 Zurich, Switzerland

Phone: + 41-44- 635 8408 or 44- 313 0383

Fax: + 41-44- 313 0384

email: [recertification@ecvs.org](mailto:recertification@ecvs.org)

www.ecvs.org



**Year in which re-certification is required: 2019**

|  |  |
| --- | --- |
| **Surname**: | **First name**: |
| **Date of passing ECVS examination**: |  |
| **Date of last recertification**: |  |
| **Address**: | |
| **Email**: | **Phone**: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year** | | | | |  |  |
|  | **2015** | **2016** | **2017** | **2018** | **2019** | **Max** | **Total** |
| Supervision of resident Max 2 residents per supervisor. 10 pts/resident.  Please attach supporting evidence with the name(s) of the resident and the date when their residency started. |  |  |  |  |  | **50** |  |
| **Membership of MCQ sub-committee** (10 pts/year) | xxx | xxx | xxx |  |  | **40** |  |
| **Preparation of exam questions** (5 pts/question) |  |  |  | xxx | xxx | **30** |  |
| **Membership of an ECVS full committee or Board** (15 pts/year) |  |  |  |  |  | **45** |  |
| **Attendance at ECVS/ACVS Meetings**  (10 pts per meeting).  A minimum of TWO ECVS meetings MUST be attended within the 5 year recertification period. |  |  |  |  |  | **60** |  |
| **Attendance at major international meetings**  (BEVA, AAEP, ESVOT, WSAVA, WEVA, AO Courses, Arthroscopy Courses, etc.). 2 pts/meeting.  Please attach a list of meetings attended, along with an attendance certificate for each. |  |  |  |  |  | **10** |  |
| **Presentations at national and international meetings.** 5 pts per presentation at National meetings and 10 pts per presentation at International meetings.  Max 50 cp per meeting. Please attach a list of meetings attended, along with the programme for each |  |  |  |  |  | **60** |  |
| **Publications:**  Please provide verification of each, by submitting the title page or equivalent. |  |  |  |  |  | **60** for sum of a-d |  |
| **a)** first authored (peer reviewed): 20 pts/publication |  |  |  |  |  |  |  |
| **b)** non-first-authored (peer reviewed)  (10 pts/publication) |  |  |  |  |  |  |  |
| **c)** case reports(peer reviewed) (10 pts for first author / 5 pts for co-author) |  |  |  |  |  |  |  |
| **d)** recent (within the past 5 years) surgery textbook chapters (10 pts per chapter) |  |  |  |  |  |  |  |
| **Case logs**  Minimum of 200 surgical cases per year. 10 pts for each year’s log. Equine logs may include 50 surgical cases and 150 cases of lameness work-up. Please attach completed logs using the same format used for resident credential evaluation (available on the ECVS website). |  |  |  |  |  | 50 |  |
| **Reviewer of Journal papers** (5 points per reviewed paper in any journal on the list of accepted journals in the Training Brochure). Please attach confirmation from the Editor. |  |  |  |  |  | 30 |  |
| **Additional points for those recertifying for the first time** (to compensate for a period of 4.5 rather than 5 years) |  |  |  |  |  | 10 |  |
| **TOTAL POINTS ACCUMULATED** (a total of 100 pts is required over the 5 year period for recertification). |  |  |  |  |  |  |  |

I certify that I have been practising (through practice, teaching and research) the speciality of veterinary surgery for at least 60% of my time (24 hours per week), for the last 5 years.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit your form electronically with all supporting documents to: [recertification@ecvs.org](mailto:recertification@ecvs.org)

**Office use only**

Chair of evaluation committee name and signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of next evaluation\_\_\_\_\_\_\_\_\_\_\_