**The ECPHM Ltd.**

82B High Str., Cambridge

CB22 3HJ, UK

Nicolas Rose, President

*Last modified: October 2022*

ECPHM Application Form

for Certification by Examination

I hereby make application to the European College of Porcine Health Management for certification by Examination for:

the **Oral Exam** after the 2nd year of Residency

the **Written Exam** (applies when Oral Exam was successfully passed)

Year of Oral Exam: *Click and fill-in year when Oral Exam was passed*

the **Full Exam**

**Re-taking the Exam**

Year(s) of previous attempt(s): *Click and fill-in year(s) of previous attempts*

Part(s) of the Exam successfully passed at previous attempt(s):

Oral part: *Click and fill-in year when Oral part was passed*

Multiple-choice questions with one correct answer (MCQ) in: *Click and fill-in year when MCQ were passed*

Short and long essay questions (EQ) in: *Click and fill-in year when EQ were passed*

Problem solving and data assessment exercises (PSE) in: *Click and fill-in year when PSE were passed*

**1. FAMILY NAME**:*Click and fill-in your family name*

**2. FIRST NAME:** *Click and fill-in your given name*

**3. PLEASE WRITE YOUR NAME AND FAMILY NAME IN THE ORDER YOU WANT THEM TO APPEAR ON THE CERTIFICATE:**

*Click and fill-in your full name*

**4. ADDRESS:**

*Click and fill-in your postal address*

Phone (Business): *Click and fill-in your phone number*

Phone (Home): *Click and fill-in your phone number*

E-Mail: *Click and fill-in your E-Mail address*

*Click to add additional information*

**5. DATE OF BIRTH:** *Click and select your birth date*

City/Country: *Click and fill-in city and country of birth*

**6. DEGREES:**

*Note: Please copy & paste the following two lines and add as many as needed.*

Veterinary degree (School, Country, Year): *Click and fill-in school*, *country*, *year*

Other (Degree, School, Country, Year): *Click and fill-in school*, *country*, *year*

**7. LICENSE TO PRACTICE VETERINARY MEDICINE**

Country: *Click and fill-in country*, since (year): *Click and fill-in year*

**8. EDUCATION:**

I completed (tick where appropriate):

a Standard Residency Programme at: *Click and fill-in institution and country*

From: *Click and select start date* To: *Click and select end date*

an Alternative Residency Programme at: *Click and fill-in institution and country*

From: *Click and select start date* To: *Click and select end date*

Under the supervision of (please name Supervisor only):

*Click and fill-in name of your Supervisor*

Please provide information on deviations from your original Residency application and other specificities (e.g. interruptions, part-time, change of Supervisor, etc.):

*Click to add information*

Further list in chronological order the position of swine health and production training and experience you have had (include specific dates, type of position, location and supervisor / company); Indicate major types of experience:

*Note: Please copy & paste the following two lines and add as many as needed.*

*Click and fill-in date*: *Click and fill-in type of position*, *Click and fill-in location & supervisor/company*; *Click and fill-in experience*

**9. DOCUMENTATION:**

*Note: For applying to sit the* *Oral Exam after the 2nd year of Residency a shorter version of the Credentials are to be submitted. Required documents are marked with an asterisk (\*) below.*

*Note: Please consult the ECPHM Training Brochure for details.*

I enclosed:

Curriculum vitae

\*Activity Log Book (2 self-evaluation reports sufficient for application to take Oral Exam after the 2nd year of Residency)

Correspondence (only correspondence with regard to deviations from the approved Residency Programme)

\*Three (3) Case Reports written following **strictly** the guidelines provided by ECPHM ([Guidelines to prepare Case Reports for the application to attend the ECPHM Examination](https://www.ecphm.org/sites/www.ecvdi.org/files/medias/documents/ECPHM/ECPHM%20Guideline%20for%20Case%20Reports%20for%20Examination_version%20June%202021_0.pdf))

Two (2) Porcine Health Management papers

**10. NOTICE:**

I agree to disqualification from certification, or to forfeiture and return of such certificate in the event that any of the rules governing such certification are violated by me or that any other statements herein made are knowingly false, or in the event that I violate or do not comply with any provisions of the Constitution and bylaws of the College concerning certification.

I agree not to reproduce or transmit by any means to anyone, questions or materials contained in any portion of the Certification Examination.

I agree to hold the European College of Porcine Health and Management, its members, examiners, officers and agents free of any damage or complaint by reason of any action they, or any one of them, may take in connection with this application, and/or failure of said corporation to issue me such certification or failure to me to a membership in the European College of Porcine Health and Management.

**11. SUBMISSION:**

This application form, including the complete and verified documentation (see 9. DOCUMENTATION) must be submitted - **as one PDF-document only containing everything** – via the ECPHM website. Please consult the instructions for the online exam application.

Please send the complete and verified application documents **no later than December 1st, 23:59 CET** of the year preceding the year of the anticipated Examination. The Credentials Committee won’t inform the applicant about whether the Credentials have been accepted until Credentials Fee is paid (it is in the responsibility of the Candidate to pay the fee via the College’s website). If the Credentials are accepted, the Candidate to sit the Exam has to pay the Examination Fee in the same way before sitting the Exam.

Payments can be made by bank transfer or Paypal through the website of the ECPHM. Please visit [www.ECPHM.org](http://www.ECPHM.org) and go to ‘Payments’ in the ‘Diplomates / Resident Area’.

**DATE:** *Click and select date*

