



European College of Porcine Health Management

<http://www.ECPHM.org>

**The ECPHM Ltd.**

82B High Str., Cambridge

CB22 3HJ, UK

Nicolas Rose, President

*Last modified: January 2024*

## ECPHM Application Form for modular route to specialisation

### **1. APPLICANT'S PERSONAL INFORMATION AND CV**

#### **Personal information and contact details**

Family name: *Click and add family name*

First name: *Click and add first name*

Gender: *Click and add your gender*

Date of birth: *Click and choose date of birth*

Address: *Click and add complete postal address*

Country of residency: *Click and add your country of residency*

Telephone number(s): *Click and add your telephone number(s)*

E-Mail address (business): *Click and add your E-Mail address*

E-Mail address (private): *Click and add your E-Mail address*

#### **Education**

*Note: Please copy & paste the respective section below in order to provide information on more than one degree awarded, and add as many as needed.*

University: *Click to add name of university*

Degree(s) awarded to date (with year of achievement):

*Click to add degree; Click to add year of achievement*

Is the faculty a European Association of Establishments for Veterinary Education (EAEVE) approved faculty?

☐ Yes

☐ No

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The European College of Porcine Health Management Ltd (A company limited by guarantee – not having share capital),  
Registered office: 82b High Street, Sawston, Cambridge CB22 3HJ, UK, Registered number: 06952287

## **Professional experience**

### **1. Employments after graduation:**

*Note: Please copy & paste the respective section below in order to provide information on more than one employment, and add as many as needed.*

- Employer/Institution: *Click and add information*

from: *Click and choose date*

to: *Click and choose date*

Description of the work (in relation with porcine health management):

*Click and add information*

## **Post-graduate education**

### **1. Courses**

*Note: Please copy & paste the respective section below in order to provide information on more than one course, and add as many as needed*

- Name: *Click to add name of course*

Organizer (city, country): *Click to add organizer, city, country*

Type of course: *Click to add type of course*

from: *Click and choose date*

to: *Click and choose date*

### **2. Congresses and symposia attended**

*Note: Please copy & paste the respective section below in order to provide information on more than one meeting, and add as many as needed.*

- *Click and add name of congress / symposium; Click and add date and place of course*

Type of meeting: ☐ National ☐ International

### **3. Publications**

*Note: Please copy & paste the respective section below in order to provide information on more than one publication, and add as many as needed.*

- Click and add list of authors: Click and add title of publication, Click and add name of journal & volume, Click and add year of publication, Click and add pages or DOI

Type of publication: ☐ Original research ☐ Case report ☐ Review

☐ Other (please specify): Click to add type of publication

#### 4. Communications at congresses on swine health and management

*Note: Please copy & paste the respective section below in order to provide information on more than one contribution, and add as many as needed.*

- Click and add list of authors: Click and add title of contribution, Click and add type of contribution, Click and add name of congress / symposium, Click and add date and place

Type of meeting: ☐ National ☐ International

## **2. ECPHM MODULAR ROUTE TO SPECIALISATION**

*Note: Veterinarians following the modular route need supervision and guidance of at least one (or in some circumstances more than one) certified Diplomate of the ECPHM. This supervising Diplomate (Mentor) determines and confirms the number of ECTS for any theoretical and practical activity and needs to be approved for this by the Credentials Committee. An individual veterinarian cannot start to collect credits until one and a half (1.5) year post graduation from an EAEVE approved school or equivalent that is approved by the Board of the ECPHM.*

### **Name, title of the supervising Mentor:**

Name, title(s): Click and add name and title(s)

Address: Click and add complete postal address

Country: Click and add your country of residency

Name of Institution: Click and add the name of institution

E-Mail address: Click and add your E-Mail address

Year of certification/last re-certification as Dipl. ECPHM: Click and add year

### **Additional mentors (if any):**

Name, title(s): Click and add name and title(s)

Address: Click and add complete postal address

Country: Click and add your country of residency

Name of Institution: Click and add the name of institution



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E-Mail address: *Click and add your E-Mail address*

Year of certification/last re-certification as Dipl. ECPHM: *Click and add year*

**Expected year for sitting the qualification exam:**

*Note: Credits must be gained within an eight (8) year period of active credit collection. A total of 180 credits based on the ECTS system of 60 credits/ECTS equating to one academic year (see <https://data.europa.eu/doi/10.2766/87592>) must be collected.*

*Click and add year*

**Verification of the document**

Date: *Click and choose date*

X

Signature of Applicant

X

Signature of Applicant

**Commentato [CoEcc1]:** To be amended: Signature of Mentor

This form must be sent **electronically** to the Chair of the Credentials Committee (E-Mail address: [credentials@ecphm.org](mailto:credentials@ecphm.org)).

For further information please contact the Chair of the Credentials Committee at the above mentioned E-Mail address.

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