**The ECPHM Ltd.**

82B High Str., Cambridge

CB22 3HJ, UK

*Last modified: September 2021*

ECPHM Application Form

for an Alternative Residency Candidate

**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

**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):

*Note: In case an Internship was conducted, a certificate of Internship and/or a covering letter signed by the supervisor should be submitted with the application.*

[ ]  Internship [ ]  Residency

[ ]  Other (please describe): *Click to 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*

1. 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
1. 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*

1. 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 ALTERNATIVE RESIDENCY PROGRAMME**

*Note: The Education Committee needs to approve the Alternative Programme before it starts*

**Name of the Institution:** *Click and add name of the institution*

Address: *Click and add complete postal address*

Country: *Click and add your country of residency*

Type of Institution: *Click and add your telephone number(s)*

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

**Programme Director’s name, title(s):** *Click and add name and title(s)*

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

**Resident Supervisor’s name, title(s):** *Click and add name and title(s)*

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

**Co-supervisor(s) (if any):**

*Note: Such persons are either EBVS-approved specialists or an equivalent. EBVS-approved specialists have to be re-certified in their respective Colleges every five years. Equivalent experts need to be approved by the Credentials Committee of the ECPHM and have to pass a re-approval process every five years.*

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

Year of certification/last re-certification or approval/last re-approval:*Click and add year*

**Additional advisors (if any):**

*Note: Such persons are either EBVS-approved specialists or an equivalent. EBVS-approved specialists have to be re-certified in their respective Colleges every five years. Equivalent experts need to be approved by the Credentials Committee of the ECPHM and have to pass a re-approval process every five years.*

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

Year of certification/last re-certification or approval/last re-approval:*Click and add year*

**Total length of the programme:** *Click and add total length in month*

**Expected year for sitting the qualification exam:** *Click and add year*

*Note: The Residency has to be completed by the application deadline of the certifying examination, which is December 1st each year of the year preceding the anticipated exam.*

**<<< Please provide a detailed description of your Alternative Residency Programme in table format as a separate file. The template can be downloaded from ECPHM.org >>>**

**Verification of the document**

Date: *Click and choose date*

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This form must be sent **electronically,** **together with the outline of the Alternative Residency Programme**, to the Chair of the Credentials Committee (E-Mail address: credentials@ecphm.org).

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