



American College of Poultry Veterinarians

Exam Application

Part 2

REVIEW OF CREDENTIALS TO DETERMINE ELIGIBILITY TO
TAKE THE ACPV CERTIFYING EXAM

HOME CONTACT INFORMATION.

Name *

Street Address

City

ST/Prov

Postal Code

Country

E-mail

example@example.com

Phone

BUSINESS CONTACT INFORMATION.

Business Name

Street Address

City

ST/Prov

Postal Code

Country

E-mail

example@example.com

Phone

Date of Birth

Month Day Year

Contact Preference

EDUCATION, UNIVERSITY & RESIDENCY/TRAINING PROGRAMS

School or College of Veterinary Medicine

Years Attended

Degree

For Graduate Degree Route applicants only

Graduate Education Institution

Years Attended

Degree

Major

Upload final transcripts to confirm advanced degree

For Training Program Route applicants only

Residency/Training Program Institution

Years Attended

Expected Graduation Date

Degree (if applicable)

Optional Information

Other Institution

Years Attended

Degree

Major

Additional Comments (optional)

Optional Information

Other Institution

Years Attended

Degree

Major

Additional Comments (optional)

CURRENT VETERINARY LICENSES HELD OR CURRENT OFFICIAL DOCUMENT(S) TO PRACTICE (See Section 1.4 of ACPV Procedural Manual: Policy on Credentialing).

Upload a copy of your licenses here. (More than one file may be uploaded.)

BOARD CERTIFICATION(S)

HONORS & AWARDS

PROFESSIONAL EMPLOYMENT AND APPOINTMENTS (Most recent first)

Institution/Company

Years

Rank/Title

Major Responsibilities: Include only those related to poultry veterinary medicine.

Institution/Company

Years

Rank/Title

Major Responsibilities: Include only those related to poultry veterinary medicine.

Institution/Company

Years

Rank/Title

Major Responsibilities: Include only those related to poultry veterinary medicine.

Institution/Company

Years

Rank/Title

Major Responsibilities: Include only those related to poultry veterinary medicine.

3 REQUIRED PUBLICATIONS

Publication 1. Title:

upload link

Publication 2. Title:

upload link

Publication 3. Title:

upload link

Additional publications to be listed below (optional)

PUBLICATIONS IN REFEREED JOURNALS (provide citation)

PUBLICATIONS IN INDUSTRY PERIODICALS (provide title and publication date, issue etc.)

TECHNICAL AND SCIENTIFIC REPORTS

BOOK CHAPTERS AND CONTRIBUTIONS TO TEXTBOOK (provide citation)

PRESENTATIONS AT SCIENTIFIC AND INDUSTRY MEETINGS (provide title and meeting name and year)

SIGNIFICANT CONTRIBUTIONS TO TEACHING (Specify course, level taught, class size.)

SIGNIFICANT CONTRIBUTIONS TO POULTRY VETERINARY MEDICINE RESEARCH

SIGNIFICANT CONTRIBUTIONS TO POULTRY HEALTH EXTENSION AND SERVICE

CURRENT MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS INCLUDING OFFICES HELD

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SPONSORSHIP FROM THREE DIPLOMATES OF THE ACPV

Please confirm the three sponsors you named in Part 1 of the application List the primary sponsor first.

Name	Email

I have sent a link to the sponsorship form to the above ACPV Diplomates. Sponsorship forms are confidential and not to be shared with the applicant.

Yes

APPLICATION STATEMENT AND SIGNATURE (all applicants)

I certify that the information provided in this application is accurate and complete, and that I am not subject to any current or outstanding legal or disciplinary action which would render me ineligible for membership of the College. I understand that misstatements, misrepresentation, or deletion of material facts in this application may disqualify me from membership.

***Signed**

Date



Month Day Year

**By typing your name, you agree that this is valid as your signature.*

Submit