

ID # \_\_\_\_\_  
(For Office Use Only)

**AMERICAN BOARD OF VETERINARY PRACTITIONERS**

**— RE-SUBMISSION FORM —**

PLEASE TYPE OR PRINT

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security No. (or non-U.S. equivalent) \_\_\_\_\_

Date of Application \_\_\_\_\_ ABVP mail should be sent to  Business  Home

Address (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

\_\_\_\_\_  
(Country) (Country)

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Position(s) \_\_\_\_\_

Graduate of: \_\_\_\_\_ Year \_\_\_\_\_

License(s): State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_

Practice Category for which you are applying: \_\_\_\_\_

Do you need a reasonable accommodation or auxiliary aid in order to sit for the examination?  Yes  No  
If yes, please submit the Request for Special Accommodations on page 41.

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I hereby apply to the American Board of Veterinary Practitioners (ABVP) for examination in accordance with the Bylaws and executive decisions of the Council of Regents of the ABVP as they are now or may be subsequently amended. I also hereby agree that prior to or subsequent to my examination, the council may investigate my standing as a veterinarian, including my reputation for complying with the standard of ethics of the profession.

The enclosed documents and application fee are in support of my application, and I certify that all statements made are my own and are true and correct.

I hereby freely waive my right of access to all Applicant Evaluation Forms sent to the ABVP in conjunction with my application for admission as a candidate. I understand that the Applicant Evaluation Forms may not be used for any purpose other than the evaluation of my qualifications for admission, and that I have a right to know the names of any and all such persons submitting them.

I have read, understand and accept the policies, procedures and all information of the ABVP certification process as described in the Applicant Handbook. Furthermore, I specifically understand (1) which examinations are required, (2) the requirement that I pass all examinations within three years of acceptance, and (3) that the examination fee is non-refundable.

I agree to hold the American Board of Veterinary Practitioners (ABVP), its Council of Regents, officers, employees and agents free from any damage or complaint by reason of any action that they take in connection with credentialing decisions or examination scores, or the failure of the ABVP to issue me board certification.

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

Payment is made as follows:

Mastercard       Visa       American Express       Enclosed Check

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

If you have questions, please call ABVP, 615/254-3687.

Send application material to:  
**American Board of Veterinary Practitioners**  
**618 Church Street, Suite 220**  
**Nashville, TN 37219**

All application material as described in the Applicant Handbook  
must be received by the ABVP office  
NO LATER THAN 5:00 p.m., JANUARY 15.