



Submission Deadline:  
January 15

# American Board of Veterinary Practitioners **RECERTIFICATION APPLICATION**

Diplomate ID# \_\_\_\_\_

Practice Category (in which you seek recertification): \_\_\_\_\_

Name: \_\_\_\_\_

Social Security # (or non-US equivalent): \_\_\_\_\_

Email: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_\_

ABVP mail should be sent to:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a home or business address?    HOME        BUSINESS    (please circle)

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Payment in the amount of \$275.00. Please circle method:

Check enclosed                      American Express                      MasterCard                      VISA

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_ Cardholder: \_\_\_\_\_

### **RECERTIFICATION PACKET:**

Did you call to receive your cd labels and instructions? \_\_\_\_\_ (must use labels)

Please indicate the materials, **in addition to application form**, that you have included:

- \_\_\_ 2 total cds (blue labels) - each cd copy has c.v., continuing ed, publications, lectures &/or submissions
- \_\_\_ 4 total cds (yellow labels) - each cd copy contains your two case reports
- \_\_\_ 4 total cds (pink labels) - each cd copy contains all of your items and scanned references
- \_\_\_ 4 total cds (green labels) - each cd copy contains your interpretive summaries

**How many total cds are you sending for recertification:** \_\_\_\_\_ (All elements for recertification must be included for grading - incomplete packages will be returned. No exceptions!)

OR are you planning to recertify by EXAMINATION? \_\_\_\_\_ When? \_\_\_\_\_

**Please sign and date the application below.**

**Ethical Assurance Statement:** *By signing this statement, you hereby certify that the information submitted for recertification is accurate and appropriate. If any errors of the information supplied are discovered and validated by the Council of Regents, a result of failure to recertify or loss of certification may occur.*

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

Send ALL Materials By January 15<sup>th</sup> To: **ABVP Recertification**  
**618 Church Street ■ Suite 220 ■ Nashville, TN ■ 37219**