



The American College of Veterinary Pathologists Application for Certification

I hereby make application to The American College of Veterinary Pathologists for certification as a:

Veterinary Anatomic Pathologist _____

Veterinary Clinical Pathologist _____

1. NAME: Print as you wish it to appear on the certificate.

2. ADDRESS:

(Street)

(City) (State) (Zip) (Country)

(Business Phone)

(Fax)

(Email)

(Home Phone)

3. BIRTH:

(Date)

(Place)

4. DEGREES:

(DVM/Equivalent [School, Date])

Other (Degree, School, Date)

5. LICENSE TO PRACTICE:

(State/National)

6. EDUCATION AND EXPERIENCE:

Part 1 - List in chronological order the positions of training and experience you have had (include specific dates, type of position, location and supervisor). Indicate major types of experience: e.g., necropsy examinations, histopathology or cytology examinations, hematology or clinical chemistry interpretation, teaching, electron microscopy, research (including topic), clinical practice. Attach additional pages if necessary.

a. Dates: _____

b. Dates: _____

c. Dates: _____

d. Dates: _____

modules that were selected in any previous attempt. **Applicants for certification as a veterinary anatomic pathologist must select 3 of the following 4 modules.**

- Large Animal Pathology Dog and Cat Pathology Laboratory Animal Pathology
 Nonmammalian, Exotic, Wildlife, and Zoo Pathology

9. MICROSCOPES

All examination candidates are required to provide their own microscope for the examination.

10. NOTICE:

I agree to disqualification from certification, or to forfeiture and return of such certificate in the event that any of the rules governing such certification are violated by me or that any of the statements herein made by me are knowingly false, or in the event that I violate or do not comply with any of the provisions of the Constitution and Bylaws of the College concerning certification.

I agree not to reproduce or transmit by any means to anyone, questions or materials contained in any portion of the certification examination.

I agree to hold The American College of Veterinary Pathologists, its members, examiners, officers and agents free from any damage or complaint by reason of any action they, or any one of them, may take in connection with this application, and/or the failure of said corporation to issue me such certification or failure to elect me to membership in The American College of Veterinary Pathologists.

I understand that a copy of the letter reporting examination results will be released to my sponsor(s) and I hereby authorize and consent to such release.

I DO _____ I DO NOT _____ have a disability and need accommodations. The need for accommodations must be specified in writing, attached to the application, and accompanied by verification from a licensed or qualified professional with expertise and familiarity with this disability and its impact on the candidate's ability to perform on a test such as the ACVP's. (See disabilities section in attached application instructions.)

(Date)

(Signature of Applicant)

(Applicant's name [printed])

10. METHOD OF PAYMENT:

The fee for the **Certifying Examination** is **US \$600.00**. The fee for the **Requalifying Examination** is **US \$150.00**.

Only those candidates who have failed the exam (passed 0 or 1 part) for at least the second time must first pass the requalifying exam.) If you are NOT required to pass the Requalifying Exam, please remit \$600. If you are required to pass the Requalifying Exam, please remit \$150.

Completed application forms and fees must be postmarked by January 10. It is highly recommended that applications be sent via certified mail, FedEx, or other secure mail carrier providing a traceable receipt. If an applicant is not accepted to sit the examination, or if a signed letter of withdrawal from an accepted candidate is **received by the Secretary/Treasurer post-marked by March 15**, fees will be refunded minus a 10% processing charge.

Check (U.S. Currency drawn on U.S. Bank). Make checks payable to: *American College of Veterinary Pathologists*.

Visa MasterCard American Express

Amount of payment authorized \$ _____

Name (**Print** as it appears on credit card) _____

Authorization Code (for internal use only) _____

Credit Card # _____ Exp. Date: _____

Authorized Signature _____

Return application form and fee to Secretary/Treasurer: Dr. Derek A. Mosier, Dept. Diagnostic Medicine/Pathobiology 1800 Denison Ave., Kansas State University, Manhattan, KS 66506

THE AMERICAN COLLEGE OF VETERINARY PATHOLOGISTS

Note: The examination fee, as specified in the accompanying information, must be returned with the application, postmarked by January 10 of the year of the examination. Retain this page for your records.

APPEALS PROCEDURE:

A Candidate who fails a certifying examination may request that the examination scores be retotalled to verify the accuracy of the results as reported. The verification process is not intended to evaluate the content or interpretation of the examination or candidate responses, but to determine that the scores are correctly totaled. Such request, in writing and accompanied by \$50.00, must be received by the Secretary/Treasurer within 30 days of the date of mailing of the results of the examination to the candidate. In no case will the results of the verification process cause a candidate to be reclassified as failing a part of the examination, which he/she has been previously notified as having passed. The Appeals Chairpersons will determine the accuracy of the recorded score for each appealed section and submit a written report to the Secretary/Treasurer for review by ACVP Council. The Secretary Treasurer will receive authorization from Council to notify appellants of the results of the appeals process within 90 days after the appeal.

Article IV of the Bylaws of the College:**DISCIPLINARY ACTION AND APPEALS PROCEDURE**

Section 1. In case of improper conduct, the Council shall have the authority to recommend censure, suspension, or cancellation of membership. All deliberation shall be guided by highest standards of proverbial due process. The accused member shall appear before the Council in person.

Section 2. In the event of an adverse decision by the College including but not limited to denial of certification, denial of adequacy of credentials prior to examination for certification, and censure, suspension, or cancellation of membership, the affected person may write an appeal to Council for reconsideration within 30 days of the adverse decision. Council will reconsider on the grounds that the decision may have been made erroneously by (1) disregarding or failing to follow stated College procedures, and/or (2) failing to consider relevant documentation presented. Council will deliver in writing its final decision within 90 days after the appeal. If the affected person is not satisfied with the final decision, he or she may request mediation with representatives of The American Veterinary Medical Association.

POLICY FOR RE-EXAMINATION:

Candidates who pass either two or three parts of the examination at a sitting in which all four parts were attempted may retain credit for the part(s) passed for the four examinations in the years immediately succeeding the year in which all four parts were attempted. Two additional attempts are permitted within these four years. Candidates who wish to retake the part(s) failed must announce their intentions in a letter received by the Secretary/Treasurer, postmarked no later than 10 January of the year in which they wish to retake the examination, accompanied by the examination fee.

Candidates who do not pass the failed parts within the allotted time and permitted attempts as described above must reapply as new candidates and retake all parts. (See Application for Certification section of the brochure of the College for date, fee and instructions. A new application form is required.) All such candidates must submit with their application an outline of a proposed or completed program of additional study (see below for details).

Candidates who pass one or no part of the examination when all parts are attempted must reapply as new candidates (for date and instructions see "Application for Certification" section of the brochure of the College) and must retake all parts of the examination. All such candidates must submit a new application form, the examination fee, and an outline of a proposed, or completed, program of additional study (covering at least the time from filing the application to the next examination). The study program must be signed by the sponsor and submitted with the application and fee, which must be mailed to the Secretary/Treasurer,

postmarked no later than 10 January of the year of the intended re-taking of the examination. Completion of the program of study must be documented via a letter, signed by the sponsor, received by the Secretary/Treasurer postmarked no later than August 1 of that year. The fee is not refundable if the sponsor recommends rejection because of the candidate's failure to complete the program of study.

Any candidate who repeats the Veterinary Pathology section of the examination in Anatomic Pathology must repeat the module in clinical pathology and select 3 additional elective modules. These need not be the same 3 modules that were selected in a previous attempt. Candidates repeating the Veterinary Pathology section will be subject to this format regardless of how this section was constituted when they last took it.

Candidates who have failed (passed 0 or 1 part) the certification exam for at least the second time are required to pass the Requalifying Examination. Passing the Requalification Examination makes the candidate eligible for the Certifying Examination for the current examination year. (See Requalifying Examination section in the ACVP website for more information.)

DISABILITIES:

Unless the ACVP is advised before the examination of any need for accommodations due to disabilities, the availability of services on site cannot be guaranteed. The need for accommodations should be specified in writing and accompany the application for examination. A signed statement must accompany requests for accommodations from a licensed professional with expertise and familiarity with this disability and its impact on the candidate's ability to perform on a test such as the ACVP's certifying examination. The signed statement should verify the existence of the disability, specify how the disability would interfere with the examination process, and indicate what accommodations during the examination are warranted.