 ***The American College of Zoological Medicine***

**APPLICATION FOR CERTIFICATION EXAMINATION**

**Note application instructions have been updated.** Application materials must be submitted electronically to the ACZM Secretary by March 31st as a single merged PDF titled: ACZM Application Last name, First name. (If you have trouble combining your documents into one PDF be sure to name the individual parts of your reapplication with the above required information in the name of the files.)

I hereby make application to the American College of Zoological Medicine for examination leading to board certification in Zoological Medicine.

**1. NAME**

**2. Please indicate which subgroup examination you will take** and in which year (Aquatic Animal, General Zoo, Wildlife Medicine, or Zoological Companion Animal.)

**Subgroup Examination to be taken:**

**Year in which exam will be taken:**

**3. HOME ADDRESS:**       (Street)

     

(City) (State) (Zip)

     

(Telephone) (FAX) (E-mail)

**4. BUSINESS ADDRESS:**       (Organization)

(City) (State) (Zip)

(Telephone) (FAX) (E-mail)

**5. DEGREES:**

DVM/equivalent (school/date)

Other (school/date)

**6. LICENSE TO PRACTICE:** (**Include scanned copy of current license**)

     

(State/Province/Country) (Number) (Current Year)

**7. EDUCATION & EXPERIENCE:**

**PART I Residency Route:** List in chronological order the position(s) of postgraduate training in zoological medicine you have had since veterinary school/college (including dates, location, title of program, and supervisor(s). Indicate major type of experience obtained (clinical, pathology, graduate studies, and species orientation). **Include documentation that you completed the training program.**

a. 1. Dates:      2. Program title:

3. Job Title:

4. Institution or Location:

5. Supervisor(s):      Telephone:

6. Experience:

7. Species orientation:

b. 1. Dates:      2. Program title:

3. Job Title:

4. Institution or Location:

5. Supervisor(s):      Telephone:

6. Experience:

7. Species orientation:

**PART I – Experience Route**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Started / Date Ended | Employer | Job Position | % Time in Zoological Medicine | #hours in Zoo Med | Employment reference/contact person – list contact details in next section |
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Provide a brief chronological explanation and summary of your work related experience in zoological medicine (include dates (Month and Year), location(s), time allotment (% based on 40 hour week), predominant species with which you have worked, and a reference for each location who will attest to your involvement.

a. From:       To:       Time Allotment:

(Institution or Location) (Address)

Job Title:

(Experience)

(Predominant Species Worked With)

(Reference Name) (Address)

(Street) (City) (State) (Zip)

(Telephone)

b. From:       To:       Time Allotment:

(Institution or Location) (Address)

Job Title:

(Experience)

(Predominant Species Worked With)

(Reference Name) (Address)

(Street) (City) (State) (Zip)

(Telephone)

c. From:       To:       Time Allotment:

(Institution or Location) (Address)

Job Title:

(Experience)

(Predominant Species Worked With)

(Reference Name) (Address)

           

(Street) (City) (State) (Zip)

(Telephone)

d. From:       To:      Time Allotment:

(Institution or Location) (Address)

Job Title:

(Experience)

(Predominant Species Worked With)

(Reference Name) (Address)

           

(Street) (City) (State) (Zip)

(Telephone)

**8. CURRICULUM VITAE:** Please include an electronic copy of your curriculum vitae which must include the following information:

Name

Address

Education

Colleges/Dates/Degrees

Special training in Zoological Medicine

Post Graduate Continuing Education

Scientific and Professional Organizations

Professional Activities

Chronologically listed, including job title and supervisor contact information

Honors

Professional

Public Service

Offices held

Professional

Public Service

Special Contributions to Zoological Medicine

Bibliography

1. Complete list of publications from professional and/or scientific journals, books, proceedings, etc.
2. List all refereed (peer reviewed) publications separately.

9. **Enclose an electronic copy of each of the three (3) required publications that you are submitting for the Credentials Committee to review as part of your application.**

In any articles are currently “in press,” Enclose an electronic copy of any letter or letters from journal editor(s) indicating that publications have been fully accepted.

**10. Enclose three (3) letters of reference** from individuals who know you well and are familiar with your experience and knowledge in zoological/wildlife medicine. At least one of these letters must be from an ACZM Diplomate. Letters should be included with your completed application packet (not sent separately to the ACZM secretary).

**Please List the Names of the Individuals Writing Reference Letters:**

      ACZM Diplomate

**11. Enclose documentation of completion of an ACZM-approved training program in Zoological Medicine or documentation of meeting the criteria for the experiential pathway.**

ACZM Training Program Completed (include documentation with application packet). If you are currently enrolled in an ACZM-approved training program scheduled to be completed on or before 1 August of the application year, conditional acceptance may occur, and documentation of completion must be provided for final approval of your credentials. Full unconditional approval of credentials is required to sit the examination.

Experiential Pathway Completed (include documentation with your application packet that experiential pathway criteria has been met.) If you are currently in the process of completing 6 years full time zoological medicine experience and will be finished on or before 1 Aug of this year, conditional acceptance may occur, but documentation of completion must be provided by 1 Aug for final approval of your credentials. Full unconditional approval of credentials is required to sit the examination.

**THIS PAGE MUST BE SIGNED AND SUBMITTED WITH YOUR APPLICATION**

Please sign this page and include in your application. Electronic signature is acceptable. Alternatively a signed and scanned copy may be added to your application materials.

**12. HAVE YOU EVER BEEN CONVICTED OF A FELONY?**

**No**  **Yes**

If yes, please explain:

**13. HAVE YOU EVER HAD DISCIPLINARY ACTION TAKEN ON YOUR STATE LICENSE?**

**No**  **Yes**

If yes, please explain:

**Legal Certification:**

I have read the ACZM constitution and By-laws which were provided to me.

I agree to disqualification from certification, or to forfeiture and return of such certification, 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 concerning certification of the Constitution and By-laws of the College.

I agree to hold The American College of Zoological Medicine, 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 of qualification or failure to elect me to membership in The American College of Zoological Medicine.

**(Date)**  **(Signature of Applicant)**

**FEES**

An examination fee of **$1,000.00 (US)** is to accompany the completed application at the time of submission. Include the receipt for payment made through the ACZM website with your application. (If the candidate’s qualifications are deemed inadequate at this time, following evaluation by the ACZM Credentials Committee, the candidate will pay a fee of only $150.00 to re-credential.) If payment is submitted and the application is withdrawn prior to the submission deadline, the fee will be refunded minus a $150 (US) processing fee.

**ACZM POLICIES ON EXAMINATION FEE REFUNDS AND EXAMINATION DEFERMENT**

**All candidates must take the examination either during the year of application or the year directly following application** unless hardship is considered the primary reason for further examination deferment. If a candidate gives notification to sit the examination in a given year and then withdraws with no clear demonstration of hardship, they will forfeit the examination fee and be required to pay the examination fee again for the year that they will sit the examination. Hardship is defined as illness in the candidate or major illness or death in the immediate family of the candidate. Deferment is defined as allowing the candidate to sit the examination at the next offering of the examination. Should a candidate that defers fail to sit the second opportunity, the examination fee is forfeited. There is no time limit for a candidate that withdraws without deferment. They may sit the examination at any time but will pay a new fee for that opportunity.

**FINAL CHECK LIST BEFORE ELECTRONIC SUBMISSION OF APPLICAITON MATERIALS**

**Application packet must include: Preferably as a single merged PDF titled: ACZM Application Last name First name.**

1. Completed application form.

2. Current Curriculum Vitae with required information.

3. Scanned copy of current license(s) to practice veterinary medicine.

4. Electronic PDF documentsof each of your three (3) senior-authored publications to be considered in the application. For papers “In Press”, include a copy of the accepted manuscript and a letter(s) from the journal editor(s) indicating that publications have been fully and unconditionally accepted.

5. Three (3) electronic letters of reference. One letter must be from an ACZM Diplomate. Letters of reference should be sent as part of the completed application packet (not separately).

6. Documentation of completion (scanned residency certificate) of an ACZM-approved training program or completion of the experiential pathway.

7. Signed and dated legal statement (application questions #12 & 13). **(Signed and scanned or electronic signature acceptable)**

8. Examination fee of $1,000.00 (US) paid receipt from online payment through the American College of Zoological Medicine website.

**Application materials must be submitted electronically to the ACZM Secretary by March 31st** of the year of application as a single merged PDF titled: ACZM Application Last name, First name. (If you have trouble combining your documents into one PDF be sure to name the individual parts of your reapplication with the above required information in the name of the files.)