

ECVP - Certificate in Forensic Veterinary Pathology

APPLICATION GUIDELINES

These guidelines are provided to assist you (i.e. the candidate) in completing the application form for the ECVP Certificate in Forensic Veterinary Pathology (CFVP). Please note that failing to complete the [application form](#) correctly will result in delay and potential failure of acceptance of the application.

FILLING THE APPLICATION FORM

1. CANDIDATE DETAILS

First name: Please provide your first name in capital letters, including any middle names, in the way you would like it/them to appear in the final certificate. The first name(s) should be identical with the name of the pathologist who has signed the reports submitted for evaluation as part of the application.

Surname: Please provide your surname(s) in capital letters in the way you would like it/them to appear in the final certificate. The surname(s) should be identical with the name of the pathologist who has signed the reports submitted for evaluation as part of the application.

Contact Email: Please provide a valid email address.

Contact Number: Please provide a phone number including country code; mobile phone numbers are accepted.

Affiliation: Please provide your current affiliation. This may differ from your affiliation at the time when the reports submitted for evaluation were examined.

Work address: Please provide your current address of employment.

2. DETAILS of QUALIFICATION and DIAGNOSTIC EXPERIENCE

2.1. **Year of start of ECVP membership:** Please give the year when you completed the ECVP certifying examination (e.g. in February 2010). The two years of work after gaining ECVP membership will be counted from February the year when you became an ECVP member, provided you have been doing diagnostic work from that point.

2.2. **Proof(s) of diagnostic activity (2 years post start of ECVP membership):** Documents to confirm your diagnostic activity need to be attached to the application. Please list the type of employment/work that you have been doing and attach the matching proofs of at least 2 years diagnostic activity after gaining ECVP membership. The most appropriate documents would be letters of your line manager(s) or a copy of your contract to confirm your employment. These should contain information on your diagnostic activity.

Proofs must be provided as PDF files following the formats listed below:

SURNAME_NAME_CFVP_DIAGPROOF_1.pdf

SURNAME_NAME_CFVP_DIAGPROOF_2.pdf

Use numbers for additional proofs provided.

The Steering Group might contact you if they are not satisfied with the provided proof.

3. APPLICATION DETAILS

3.1. **Type of application (Full vs Step-by-Step):** The candidate must choose between two options:

Full application: For experienced pathologists who have seen a substantial number of forensic cases; submission of the complete case portfolio (total of 10 cases) at the time of application. The cases must have been examined during the last five years (date of case examination).

- NB: The Steering Group accepts a maximum of 1 candidate per institution per year under this scheme.

Step-by-step application: Candidates with less substantial experience who cannot or do not wish to submit all 10 cases at a time are encouraged to initially submit a few cases (2-3) for which they will receive feedback from the Steering Group. These candidates can apply and submit the first cases any time during the year.

Suggested conditions for submission of cases:

- 1st submission: min. 2 cases
- max. 3 submissions
- final submission: min. 5 cases
- NB: There is no limit to the number of candidates per institution at a time.

3.2. **Application Stage:** Please tick the boxes to indicate if this is the first time you are submitting cases for evaluation (first application), or whether this is a subsequent submission of cases in the event some of the submitted cases were not considered eligible or in case you are pursuing a step-by-step application.

4. CASE PORTFOLIO

4.1. **List of submitted cases:** Please provide the numbers of the submitted cases and the name of the respective report files attached to the application. Cases must be provided as PDF attachments, in colour. Each must be provided as a single PDF file that contains all the material belonging to the report (including the photo documentation in good quality), following this format:

SURNAME_NAME_CFVP_CASE_1.pdf

SURNAME_NAME_CFVP_CASE_2.pdf

Cases must be presented in numerical order. If some cases are not accepted by the Steering Group, the numerical order should be continued, maintaining the univocal numbering [e.g. if a candidate submits 10 cases for a full application, and two are not considered as adequate, the candidate will submit two additional (new) cases with the following file names: *SURNAME_NAME_CFVP_CASE_11* and *SURNAME_NAME_CFVP_CASE_12*].

Case material: The material belonging to the report should also include the submission form that the pathologist has received at the time of examination (containing the history and possible specific questions asked by the instructing authority) and the report (see **Appendix 1** for a suitable post mortem report template in the English language), including the results of all additional investigations that have been carried out (e.g. histological examination, bacteriology, toxicology etc.), and including, as mandatory part of the report, the photographic evidence of the case (see **Appendix 2** for a template of photographic documentation).

Case reports in a language other than English should be submitted as originals together with an English translation, assembled in a single PDF document.

All sensitive information of the case and submission form (apart from the pathologist's name and signature which should be clearly visible in the report) should be removed in a way that no sensitive data can be extracted. Sensitive data include: All names of any people using the service, their family members and anyone else named in connection with the case; all names or identification codes of the animals; all other professionals' names, telephone numbers and addresses; all dates of birth; all names of companies; all addresses of anyone involved, including that of my own office; all telephone numbers of anyone involved, including your own; any reference to a place mentioned in the evidence. An example of an accepted way of anonymisation (blackening of text in word document) is presented in **Appendix 3 and 4**.

Declaration of anonymisation: The declaration of anonymisation of the material submitted must be dated and signed, after all the material has been anonymised (see 4.1).

5. PAYMENT

5.1. Please follow the instructions on payment provided in the information sheet. Confirmation of payment must be submitted alongside the application. Please indicate the amount you have paid according to the mode of application you wish to pursue:

Full application: 1000 €

Payment at the time of application. Payment is not refundable.

Step-by-step application:

- 1) First payment with submission of first set of cases: 500 €
 - 2) Final payment upon acceptance of the final set of cases: 500 €
- Payment is not refundable.

6. DATE/SIGN

- 6.1. **Date:** Please add the date of the completion of the submission form.
- 6.2. **Signature:** Please sign the submission form, a digital signature is accepted.

SUBMITTING THE APPLICATION:

Your application should be submitted online by clicking the submit button provided on the [website](#). The application must be submitted by the deadline stated on the website and must contain the completed application form including all other required documents (proof of diagnostic activity, proof of payment) and the case documents as one PDF file, using the following format for the file name:

SURNAME_NAME_CFVP_SUBFORM.pdf

Please make sure that all the files are submitted together (e.g. cases, application form).