



Retake Examination Application Form

Application for candidates retaking sections and/or taking sections of the second block of the split format

The application is binding.

Please make sure to submit a fully completed Retake Examination Application Form. Incomplete applications will not be processed.

Please note: if it is not possible to tick the boxes, please put an X next to the chosen box.

Application statement

I hereby apply to the European College of Veterinary Pathologists for certification by examination.

First name(s): _____

Last name(s): _____

Work address: _____

Documentation of previous examination attendance and results

Number of attempts	Year of attempt	Successfully passed sections in previous years				
		Histopathology	Gross Pathology	General Pathology	Veterinary Pathology	Comprehensive Pathology
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Retake examination

Please indicate in the list below which sections of the examination you must retake.

Should you have to retake Veterinary Pathology section, also choose the minor item. All candidates must take small and large domestic animal pathology as major item; 1 minor item must be selected from the list below.

☐ **Histopathology**

☐ **Gross Pathology**

General Pathology

☐ **Veterinary Pathology**

☐ **Major item:** small and large domestic animal pathology

☐ **Minor item:**

☐ Exotic animals

☐ Laboratory animals

☐ Poultry

☐ **Comprehensive Pathology**

Practical information

Please do not book your accommodation before receiving examination venue information, which shall be communicated **beginning of November** prior to the examination.

Please note that all sections will be exclusively delivered in a digital format using ExamSoft. The scope and type of questions will not be changed. For the Histopathology section, descriptions will be performed digitally but glass slides and standard microscopes will remain. For the Gross Pathology section, answers will have to be entered in ExamSoft but images will remain projected in the room using a beamer (i.e. images will not be displayed in ExamSoft). For Comprehensive Pathology, answers will have to be entered in ExamSoft but tables and figures will be provided on a paper document.

Candidates must bring their own laptop and a mouse with scrolling wheel to take the examination. Appropriate documentation and training sessions will be provided to the candidates prior to the examination date. It is highly recommended that the same laptop is used for the training sessions and the examination. Minimum system requirements are available [here](#). Each candidate will be responsible for providing their own technical equipment which fulfils the given requirements.



Candidates are expected to be in the examination room **at the latest 30 minutes in advance** to register, sign and settle down. In order to start on time, 15 minutes before the start of the examination the doors will be closed, and no candidate will be admitted to the room anymore. Please note that non-admission to the room will be considered a failure.

Sponsor's signature

Sponsor

I certify that the above candidate has received appropriate training and is prepared for admission to the examination for certification by the ECVP.

Sponsor's signature: _____

Sponsor's full name (typed): _____

Date: _____

Sponsor's address: _____

Sponsor's e-mail address: _____

Note to the sponsor: the sponsor's signature on a candidate's application certifies that the candidate has received adequate training to sit and pass the examination.

Sponsorship of a candidate is not to be taken lightly since sponsorship is one of the principal indices used by the ECVP Council in determining a candidate's acceptability to sit the examination.

A sponsor's signature clearly does not guarantee success for the candidate, but it should serve as a guarantee by the sponsor that the candidate fulfils the requirements and has been thoroughly prepared.

Candidate

If your principal supervisor is not the sponsor, please give the reason(s) why: _____

Note to the candidate: you should obtain the signature of the person (sponsor) most responsible for your training in veterinary pathology. Your sponsor must be a Certified ECVP Diplomate or an ACVP Diplomate who fulfils the criteria listed in ECVP By-laws Art. 2.1.



Notice to the candidate

Please read the following carefully and confirm by ticking the box and by signing below:

- ☐ 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 other statements herein made are knowingly false or in the event that I violate or do not comply with any provisions of the Articles of Association and By-laws of the ECVP concerning certification.
- ☐ I agree not to reproduce or transmit by any means to anyone, questions or materials contained in any portion of the ECVP examination.
- ☐ I agree to hold the European College of Veterinary Pathologists, its members, examiners, officers and agents free of any damage or complaint by reason of any action they or any one of them, may take in connection with this application and/or failure of said corporation to issue me such certification or failure to elect me to a membership in the European College of Veterinary Pathologists.
- ☐ I confirm that I have understood that in case of failing one or more sections of the examination for a second time, the supervisor is informed about the outcome. In order to retake the missing section(s), I will be required to submit a study plan that must be accepted by the Applications Committee before being allowed to resit the examination.
- ☐ I confirm that I will make full disclosure, with this application, if I have any disability, medical condition or other such special circumstances that the ECVP Council and the Examination Committee should be aware of in order for them to consider special conditions or assistance for me to sit the ECVP examination. Formal supporting documentation (medical certificate in English) should be provided at the same time and be sent to the ECVP Office. Should any such circumstances arise after the application, I will inform the College prior to the examination in writing to the ECVP Office **at the latest 2 weeks** prior to the examination. If at any time I experience problems during the examination, I will immediately inform a member of the Examination Committee.

Place, date: _____

Applicant signature: _____



Registration fee and deadline

Application submission

Your application should be uploaded as an electronic document by clicking the submit button provided on the website <https://www.ecvpath.org/examination-application> and include:

- Completed and signed application form
- Proof of payment of the examination fee

Deadline

The complete application should be submitted online **no later than 01 August** of the year preceding the year in which it is intended to sit the examination.