

AMERICAN BOARD OF VETERINARY TOXICOLOGY
Application for Examination

For Secretary's Use Only:

Date rec'd _____

Action on application

[] Application fee \$100.00

Examination record _____

[] Examination fee \$100.00

[] Certification fee \$100.00

A. Name: _____

Type or print full name

Address: Indicate preferred mailing address by checking the appropriate box.

Business []

Home []

Phone Number: _____

Phone Number: _____

E-mail: _____

E-mail: _____

Date and Place of Birth: _____

Citizenship: _____

B. Academic Background (in order from most recent)

Institution _____

Major Area Of Study _____

Dates Attended _____

Degree _____

Institution _____

Major Area Of Study _____

Dates Attended _____

Degree _____

Institution _____
Major Area Of Study _____
Dates Attended _____
Degree _____

Institution _____
Major Area Of Study _____
Dates Attended _____
Degree _____

If you are a graduate of a veterinary school or college not accredited by the AVMA, do you possess a certificate of accreditation in veterinary medicine from the Educational Commission for Foreign Veterinary Graduates of the AVMA?

_____ (If yes, provide evidence of your compliance.)

Where are you licensed to practice veterinary medicine?

C. Occupational Experience:

1. Position Title(s) _____
From _____ to present _____
Organization _____
Immediate Superior _____
Principal Activity _____
Percentage Of Time Devoted To Toxicology _____

2. Position Title(s) _____
From _____ to _____
Organization _____
Immediate Superior _____
Principal Activity _____
Percentage Of Time Devoted To Toxicology _____

3. Position Title(s) _____
 From _____ to _____
 Organization _____
 Immediate Superior _____
 Principal Activity _____
 Percentage Of Time Devoted To Toxicology _____

4. Position Title(s) _____
 From _____ to _____
 Organization _____
 Immediate Superior _____
 Principal Activity _____
 Percentage Of Time Devoted To Toxicology _____

5.	What are your special areas of interest in toxicology?

D. Check the appropriate box to indicate the method by which you believe you satisfy the training and experience requirements for the ABVT examination.

[] Fully completed four (4) years of training in toxicology, including completion of an advanced degree. A minimum of two (2) years of these four (4) years was subsequent to receiving the DVM or equivalent degree, and was under the direct supervision of an ABVT Diplomate.

[] Fully completed two (2) years in the clinical practice of veterinary medicine, subsequent to graduation from veterinary school or college, and at least three (3) years in an area of toxicology acceptable to the Board.

[] Fully met the requirements for candidacy through studies and experience obtained. First author of five (5) research papers or clinical reports acceptable to the Board.

E. On separate sheets the same size as this application (8-1/2 x 11) please type a listing of all your publications. Attach reprints or copies of those publications (books excepted) you wish the Board to consider in your evaluation. *You must provide evidence of senior authorship of two (2) accepted peer-reviewed publications, or completion of two (2) funded research projects, or equivalent activity in veterinary toxicology acceptable to the Board.*

F. On separate sheets discuss any additional qualifications you consider of importance in your evaluation. In this section you have an opportunity to discuss presentations at scientific meetings and training, research, clinical, teaching or other experience that did not result in publication or is not adequately described in another part of this application. BE THOROUGH.

G. List the name, address and phone number of up to three individuals engaged in veterinary toxicology who can provide additional information about your professional standing and character. References from ABVT Diplomates are desirable. NOTE: Letters need to specifically discuss the candidates training and qualification in toxicology.

1. _____

2. _____

3. _____

H. Submit an official transcript of academic record from all colleges or universities attended while earning the DVM degree or equivalent and any advanced degree(s).

Please select "Yes" here if, under the Americans With Disabilities Act, you require special aids or services at the ABVT Certifying Examination:

Yes No

If yes, please identify your needs: _____

All applicants must review ARTICLE XII of the ABVT By-Laws, "Procedure for Appeal of Adverse Decision by ABVT". This information can be reviewed on ABVT's website at <http://www.abvt.org/constitution.pdf>

The information supplied in this application is, to the best of my knowledge, complete and accurate. I have read and understand the appeals procedure.

Your legal signature

Date

Return the completed application in triplicate (triplicate transcripts are not necessary) no later than October 1, 2010. The 2011 exam will be held in July in association with the AVMA convention in St. Louis, MO.

Send to:

Dr. Jay Albretsen
Covance Laboratories Inc.
2701 East Ryan Road
Chandler, AZ 85286

Remember to include
application fee
(\$100.00)

Phone: 480-384-3638
Fax: 480-927-3912
E-mail: jay.albretsen@covance.com
ABVT Website: www.abvt.org