



# Veterinary Surgeons' Board



Form 4C

## VETERINARY SURGEONS ACT 1960 - 1984

### APPLICATION FOR REGISTRATION AS A SPECIALIST VETERINARY SURGEON

1. Name in full \_\_\_\_\_  
(Block letters, underline surname)
2. Present address \_\_\_\_\_
3. Last permanent address \_\_\_\_\_
4. Date of birth \_\_\_\_\_
5. Place of birth \_\_\_\_\_
6. Registration as a veterinary surgeon: - State \_\_\_\_\_  
Registration no. \_\_\_\_\_ Date of Registration \_\_\_\_\_  
(Attach copy)
7. Qualifications: -  
(a) Date on which qualification relating to veterinary surgery was obtained \_\_\_\_\_  
(b) Other qualifications and date(s) of award \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Proposed branch of speciality in which registration is being sought (see below) :-

Veterinary Anaesthesiology  
 Veterinary Ophthalmology  
 Veterinary Pathobiology  
 microbiology  
 parasitology  
 anatomic pathology i.e. gross pathology  
 plus histopathology  
 i.e. gross pathology  
 clinical and general pathobiology

Veterinary Medicine  
 cattle medicine  
 sheep medicine  
 pig medicine  
 equine medicine  
 dog medicine  
 cat medicine  
 avian medicine  
 veterinary dermatology

Veterinary Radiology  
 Veterinary Reproduction  
 cattle reproduction  
 sheep and goat reproduction  
 pig reproduction  
 horse reproduction  
 dog and cat reproduction

Veterinary Surgery  
 small animal surgery  
 large animal surgery  
 equine surgery  
 animal behaviour

9. General particulars of professional veterinary experience since graduation:-

(a) Dates (from/to):	Practice or location:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(b) Description of professional activity that relates to proposed branch of speciality:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Formal qualifications on which registration as a specialist is being sought.

Name of degree, diploma or other qualification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place where degree, diploma or other qualification was granted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date obtained: \_\_\_\_\_

(a) Qualification obtained by examination YES/NO

If YES please answer questions (i) to (v) and question (b).

If NO please answer question (c).

(i) written examination(s): examination subjects and duration of each: -  
Examination: \_\_\_\_\_ Hours: \_\_\_\_\_

(ii) Oral examination(s): examination subject and duration of each:-  
Examination: \_\_\_\_\_ Hours: \_\_\_\_\_

(iii) Practical examination (s): describe general nature of examination(s),  
if possible:-

(iv) Did the examination include supervised projects? YES/NO  
If YES, detail nature of projects and name and address of supervisor.

(v) Describe any other examinations that were required prior to the granting of your  
degree/diploma.  
Examination: \_\_\_\_\_ Hours: \_\_\_\_\_

10. (b) Did the qualifications require supervised or professional activity or course work? Give full details of any course work, supervised study or supervised practical work and names and addresses of supervisors:
- (c) If post graduate qualification was awarded by means other than examination, detail the means by which post graduate qualification was obtained:
11. Experience in area of proposed branch of speciality. Attach separate sheet containing -
- (a) Particulars of dates, scope of experience and percentage of year devoted to -
- (i) Practising the branch of speciality;
- (ii) Maintaining or expanding speciality skills,
- (b) Names and addresses of 2 veterinary surgeons who can confirm your statements.
12. Evidence of continued participation in proposed branch of speciality subsequent to obtaining qualification by which registration is sought, namely -
- (a) Continuing education courses attended;
- (b) Literature received and regularly studied;
- (c) Professional contacts with specialists or experts in the field;
- (d) Formal instruction or supervised programme of instruction;
- (e) Publication, addresses to learned associations and other evidence of advancing the speciality.
13. Proposed amount of time to be spent in proposed speciality branch -  
Average hours per week or percentage of year -

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

Supporting documents to be attached including the formal qualification by which specialist registration is sought.

FOR OFFICE USE ONLY

14. Recommendation of the Veterinary Specialist Qualification Committee:

\_\_\_\_\_ Date

Chairman

15. Decision of the Board -

Approved/Not Approved to be registered as a specialist veterinary surgeon in -

\_\_\_\_\_ Date

Chairman

REGISTRATION DETAILS

Registration Fee of \_\_\_\_\_ Received \_\_\_\_\_  
Receipt No \_\_\_\_\_ Date \_\_\_\_\_  
Specialist Register Number \_\_\_\_\_  
Certificate issued on \_\_\_\_\_  
Registrar \_\_\_\_\_ Date \_\_\_\_\_