



# Veterinary Surgeons' Board



Form 4C

## **VETERINARY SURGEONS ACT 1960**

### APPLICATION FOR REGISTRATION AS A SPECIALIST VETERINARY SURGEON

1. Name in full \_\_\_\_\_  
(Block letters)
2. Public address \_\_\_\_\_
3. Private address \_\_\_\_\_
4. Email address \_\_\_\_\_
5. Contact phone number \_\_\_\_\_
6. Date of birth \_\_\_\_\_
7. Registration as a veterinary surgeon: - State \_\_\_\_\_  
Registration no. \_\_\_\_\_ Date of Registration \_\_\_\_\_  
(Attach copy)

8. 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 and over page):-

- |                                |   |
|--------------------------------|---|
| Animal behaviour               | Veterinary clinical pathology                   |
| Avian medicine                 | Veterinary cardiology                           |
| Cattle management and diseases | Veterinary dentistry                            |
| Equine medicine                | Veterinary dermatology                          |
| Equine surgery                 | Veterinary diagnostic imaging                   |
| Feline medicine                | Veterinary emergency medicine and critical care |
| Laboratory animal medicine     | Veterinary epidemiology                         |
| Large animal medicine          | Veterinary microbiology                         |
| Large animal surgery           | Veterinary neurology                            |
| Small animal medicine          | Veterinary nutrition                            |
| Small animal surgery           | Veterinary oncology                             |
|                                | Veterinary ophthalmology                        |

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Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156

Telephone: (08) 9317 2353 Facsimile: (08) 9317 2363 Email: admin@vsbwa.org.au Website: www.vsbwa.org.au

Veterinary anaesthesia  
Veterinary anaesthesia and critical care

Veterinary anatomical pathology  
Veterinary reproduction (species)

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:

(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.

