



**ACVS FELLOWSHIP TRAINING PROGRAM IN
JOINT REPLACEMENT SURGERY
CANDIDATE REGISTRATION FORM**

This registration form and fee must be submitted by the fellow candidate to the American College of Veterinary Surgeons (ACVS) office (acvs@acvs.org) at least 30 days prior to starting the fellowship training program. The fellow candidate should give a copy of the completed form to the program director.

Fellow Candidate

Name (print): _____

Preferred Address: _____

Telephone: _____

Email: _____ FAX : _____

Fellowship Start Date: _____ Length of Program (months): _____

Primary Institution of Fellowship Training: _____

Address of primary institution: _____

Supervising Faculty

Program Director

Name (print): _____

Telephone: _____ Fax: _____

Email: _____

I understand that it is my responsibility to ensure, to the best of my ability, that all information presented by the fellow candidate is complete and accurate.

Program Director (signature)

Date

Primary Mentor

Name (print): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

I understand that it is my responsibility to ensure, to the best of my ability, that all information presented by the fellow candidate is complete and accurate.

Primary Mentor (signature)

Date

ACVS Founding Fellows & Fellows, Joint Replacement Surgery

Name (print): _____

Name (print): _____

Name (print): _____

Declarations

Proposed type of training: Full-time training Part-time intermittent training

Proposed start date: _____ Proposed end date: _____

The *Fellowship Training Agreement* between the primary training institution (Department Head or Hospital Director) and the responsible host mentor at all ancillary institutions has been signed by representatives of all institutions.

I hereby acknowledge that I have signed a *Statement of Compliance* with the primary training institution.

I hereby acknowledge that a completed copy of this form and the program fee must be submitted to the ACVS office at least 30 days prior to starting the fellowship training program.

I have read the current Minimum Standards for ACVS Fellowship Training Program in Joint Replacement Surgery as adopted by the American College of Veterinary Surgeons. I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my fellowship training and/or acceptance of my fellowship training program registration and may be reason for termination of my fellowship program, permanent disqualification as an ACVS Fellow in Joint Replacement Surgery, eliminated from the ACVS Certification Examination process and/or loss of ACVS Diplomate status.

Fellow Candidate (signature)

Date



ACVS
 AMERICAN COLLEGE of
 VETERINARY SURGEONS

ACVS Fellowship Programs

**PAYMENT AUTHORIZATION
 NON-REFUNDABLE**

Name of Fellow Candidate: _____

Fellowship Program - Discipline: Joint Replacement Surgery

Phone / email address: _____

Non-refundable payment of \$1,000 authorized for the administrative fee for fellow candidate registration.
ACVS is a 501(c)6 tax-exempt organization. Tax amount charged: \$0.00

Payment options:

Pay the total amount authorized for payment by check

Check # _____ Make checks payable to American College of Veterinary Surgeons

Please mail this form and check to:

ACVS ■ 19785 Crystal Rock Drive, Suite 305 ■ Germantown, Maryland, 20874

Pay the total amount authorized for payment by credit card

Credit Card #: _____ / _____ / _____ / _____ VISA MasterCard AMEX

Expiration Date: _____ CVV code: _____ Signature: _____

Credit card billing address (required for credit card payments):

Name of Cardholder: _____ Phone (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

**For credit card payment, you may submit completed form by mail or
 FAX to (301) 916-2287, Attn: Tracey Delaney**

For questions regarding payment, contact the ACVS office at (301) 916-0200 x101 or tdelaney@acvs.org.