

American College of Veterinary Nutrition



Resident Registration Form

You are encouraged to register with ACVN as soon as possible; however, this form must be received no later than 90 days after beginning your training program. Failure to register by this deadline will jeopardize your certification process. Please submit the completed form electronically. *The College will send an email confirming that the form was received – it is your responsibility to contact the Secretary and/or Administrative Assistant if that confirmation is not received in a timely manner.* There is no fee for registration.

American College of Veterinary Nutrition

c/o Sally Perea, Secretary

E-mail: acvnsecretary@gmail.com with copy to acvnassistant@gmail.com

1. Name: _____ Date: _____

2. Birthdate: _____ Place of birth: _____ Citizenship: _____

3. Contact Information _____

Department: _____

Hospital/University: _____

Street Address: _____

City, State/Province, Zip code, Country: _____

Phone: _____ Fax: _____ E-mail: _____

4. Program type: Alternate Standard

5. Program registered in: Small Animal Large Animal Comparative

6. Training history _____

Veterinary college from which you graduated: _____

Date of graduation from veterinary college: _____

Internship (or equivalent private practice experience) location and date:

Hospital/University:	
Address:	
City, State/Province, Zip code, Country:	
Dates (start-end):	

7. ACVN Training Program location and date range

Department:

Hospital/University:

Street Address:

City, State/Province, Zip code, Country:

From (start date):

To (ending date):

8. Name and contact information of Primary Mentor (Must be a Diplomate of ACVN; for Alternate Training Programs, a Diplomate of ECVCN may be Primary Mentor with a Diplomate of ACVN as co-mentor and member of the Training Advisory Committee)

Primary Mentor:

Department:

Hospital/University:

Street Address:

City, State/Province, Zip code, Country:

Phone:

Fax:

E-mail:

9. Primary Mentor Verification

To certify this form, read the text below and provide an electronic signature (type your name in the field below).

I hereby certify that I am personally supervising the clinical training program of the above applicant and that all aspects of the program meet the standards established by the ACVN. I certify that the information in this document is accurate and true.

Electronic Signature of Primary Mentor

[Type full name here]

Date

10. Training Advisory Committee Verification

To certify this form, read the text below and provide an electronic signature (type your name in the field below).

I hereby certify that I am available to provide frequent consultation, including in-depth case review, support and guidance to the above applicant. I certify that the information in this document is accurate and true.

Electronic Signature of Training Advisory Committee member [Type full name here] Date

Electronic Signature of Training Advisory Committee member [Type full name here] Date