

# American College of Veterinary Nutrition



## **Credentials Application Form**

Application form and all supporting documents plus a non-refundable fee of \$250 (in US dollars - the preferred method of payment is via PayPal to our ACVN Treasurer: [acvntreasurer@gmail.com](mailto:acvntreasurer@gmail.com). If payment must be by check, the address is: Dr. Lisa Weeth, ACVN Treasurer, PO Box 661265, Los Angeles, CA 90066-9465) must be received no later than August 15 of the calendar year preceding that of the intended examination. Application materials received after this date will not be accepted.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Hospital/University: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State/Province, Zip code, Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program type:  Standard  Alternate (please provide copy of program approval notice)

Program and examination track:  Small Animal  Large Animal  Comparative

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):	

# American College of Veterinary Nutrition



To certify this application, read the text below and provide the electronic signatures.

I hereby apply to the American College of Veterinary Nutrition for examination in accordance with its rules and I have paid the application fee. I also hereby agree that, prior to or subsequent to my sitting the examination, the Board of ACVN may investigate my standing as a veterinarian, including my reputation for complying with the standards of ethics of the profession. I certify that the information in this document is accurate and true to the best of my knowledge.

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**Electronic signature of applicant** [Type full name here] Date

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**Electronic signature of Primary Mentor** [Type full name here] Date

**Electronic signatures of Training Advisory Committee members:**

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[Type full name here] Date

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[Type full name here] Date