



**Veterinary Clinical Skills Assessment (VCSA)
APPLICATION**

Please read the Program Standards and Policies before completing this application.

LEGAL NAME Please print your name completely (no initials) and underline your last name.

Last Name First Name Middle Name

OTHER NAMES USED (if you do not use and have never used another name, write N/A) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change.

Other Last Name Other First Name Other Middle Name

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SOCIAL SECURITY/SOCIAL INSURANCE #

MM	DD	YEAR

DATE OF BIRTH

PLACE OF BIRTH _____
State (Province) **Country**

<p>CITIZENSHIP (if other than U.S.)</p> <p>At Birth _____</p> <p>Current _____</p> <p>NATIVE LANGUAGE _____</p>

CONTACT INFORMATION Please check how you are most likely to be reached from 8am–5pm (Central) Monday thru Friday.

Home Phone		
Work Phone		
Cell Phone		
Fax		
Email		

MAILING INFORMATION (*all correspondence will be forwarded to this address – please use a US address as your mailing address if you have one*) You must notify AAVSB in writing of any address changes after you submit this application in order to receive any further information.

Number and Street Apartment #

City State (Province) Zip/Postal Code Country

HOME ADDRESS (if different)

Number and Street _____ Apartment # _____

City _____ State (Province) _____ Zip/Postal Code _____ Country _____

PAYMENT Fees must be paid in US Dollars.
ALL FEES ARE NON-REFUNDABLE.

Veterinary Clinical Skills Assessment \$5000

Total Amount Due: _____

METHOD OF PAYMENT ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ CHECK

Applicable fees must accompany this application. Make checks and money orders out to AAVSB. If you are paying by credit card, you must authorize the charge by providing the following information and signing below.

EXPIRATION DATE _____ **CARD #** _____

BILLING ADDRESS _____
Address _____ City _____ State _____ Zip Code _____

CARDHOLDER'S SIGNATURE _____

EDUCATION INFORMATION

VETERINARY SCHOOL EDUCATION Print *all* the veterinary schools you have attended, beginning with the most recent. If you need additional space, copy this page and attach the copies. If you have not yet graduated, put the date when you anticipate graduating.

INSTITUTION	LOCATION	DATES ATTENDED (MO/YEAR)	DIPLOMA DATE

EXAMINATION PREFERENCE

SELECT EXAMINATION DATE:

January 8-9, 2011

The NBVME will contact you regarding meals and lodging while taking the VCSA. Information is also available at www.nbvme.org.

TO REQUEST SPECIAL ACCOMMODATIONS Complete the form which is posted on our website. The forms and documentation must be submitted with this application for consideration to be given to your request.

EXAMINATION INFORMATION

Provide the following information regarding **every** US or Canadian veterinary examination you have taken, **regardless** of the score received. Each attempt must be shown. Failure to disclose information may result in a denial or other processing delays. If you need additional space, copy this page and attach the copies.

EXAMINATION	DATE TAKEN (MO/YEAR)	LOCATION (WHERE YOU TOOK THE EXAMINATION)
Qualifying Examination		
VCSA		
NBE (April 2000 and prior)		
CCT (April 2000 and prior)		
NAVLE (November 2000 to present)		

LICENSING AND CREDENTIAL INFORMATION

List all the jurisdictions in which you hold or have ever held a credential, license, or permit (including temporary, provisional, or trainee/apprentice) to practice veterinary medicine whether or not you have actually practiced. Attach a sheet for additional explanation, if needed. Copy this sheet for additional licenses.

STATE/COUNTRY	LICENSE DATE	ISSUE DATE	CURRENT STATUS	DATE OF REMOVAL	REASON FOR REMOVAL