



International College of Veterinary Pharmacy
 Society of Veterinary Hospital Pharmacists
 Diplomate Application Form

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Name			
Home Address			
City, State, Zip			
Telephone			Fax
Employer			
Work Address			
City, State, Zip			
Telephone			Fax
	<u>State/Province/Jurisdiction</u>	<u>ID/Number</u>	
Current Professional Licensure <input type="radio"/>			
<input type="radio"/>			
<input type="radio"/>			
	<u>Year</u>	<u>Degree</u>	<u>University/College/School</u>
Education <input type="radio"/>			
<input type="radio"/>			
<input type="radio"/>			
Specialty Training <input type="radio"/>			
<input type="radio"/>			
<input type="radio"/>			
Research Interests <input type="radio"/>			
<input type="radio"/>			
<input type="radio"/>			
Practice Interests <input type="radio"/>			
<input type="radio"/>			
<input type="radio"/>			
Professional Organizations <input type="radio"/>			
<input type="radio"/>			
<input type="radio"/>			

<p>Service Organizations</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<hr/> <hr/> <hr/>
<p>Other Pertinent Activities</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<hr/> <hr/> <hr/> <hr/>
<p>Professional Goals</p>	<p style="text-align: center;">Short Term</p> <hr/> <hr/> <hr/> <hr/> <p style="text-align: center;">Long Term</p> <hr/> <hr/> <hr/> <hr/>
<p>Work Experience</p>	<p style="text-align: center;">G full-time</p> <p style="text-align: center;">Minimum of five years in a veterinary teaching hospital. Please state name of veterinary teaching hospital/university affiliation, and the date full time employment commenced.</p> <hr/> <p style="text-align: center;">G part-time</p> <p style="text-align: center;">Minimum of 7500 hours over not less than a five year period. Please the state name of veterinary teaching hospital/university affiliation, date part-time employment commenced, and the average number of hours per week worked.</p> <hr/> <p style="text-align: center;">G residency</p> <p style="text-align: center;">Completion of an ICVP recognized veterinary clinical pharmacy residency program, leading to an advanced degree, in veterinary pharmacy. Please indicate the college/university, date the degree was conferred, and the name of degree. (Also included under education above).</p> <hr/>

Work Site Systems (please briefly describe each in the space provided)	formulary system
	drug distribution system
	infection control program
	clinical role of the pharmacist within the institution
	involvement in research and/or clinical trials
Fellow SVHP	"A fellow is a licensed pharmacist currently practicing in a veterinary institution providing professional service, teaching, and/or research."

I hereby affirm that I am a Fellow of the Society of Veterinary Hospital Pharmacists, and that I am current in my annual dues. I further declare that all of the information given on this application is true and accurate. I further agree that the information contained in the modules is distributed for my own personal educational purposes only. Any copyrighted materials that may be contained in any of the modules are there at my request, and will not be used for any purpose other than private study, scholarship, or research.

Signature of Applicant

Date