The application includes the following forms:

* Form 1: Personal and educational information (including curriculum vitae and ESLAV membership)
* Form 2: Applicable experience
* Form 3: Individual training records (attach certificates or completion records)
* Form 4: Publications (attach PDF copies of two)
* Form 5: Letters of reference from Dipl. ECLAM director and all supervisors

# Application Procedure

Applications may be submitted at any time during the year. Applications received on or before 1 November will be reviewed in time for the examinations conducted in September of the following year. The applicant must pay the credentials fee before the application is reviewed.

Documents must be provided in the English language. Where the original document is not in English, translation must be provided; it does not have to be an official legal translation.

Submit all forms and attachments (excluding letters of reference) to the Secretariat at eclam.assistance@gmail.com. Letters of reference from directors and supervisors are to be sent directly to the Secretariat. **The application and all attachments will be kept strictly confidential**.

Applicants will be notified by 31 March of the final decision. During review, the applicant, supervisors or director may be asked for additional information to complete or clarify the application.

Appeals against adverse decisions would be handled in accordance with the ECLAM Constitution and Bylaws.

# Form 1 – PERSONAL AND EDUCATIONAL INFORMATION

## Instructions

1. Complete the information in the tables.
2. Sign and date the form where indicated.
3. Your CV should provide details in the following order. List activities with the earliest first:
	1. Name
	2. Address for correspondence
	3. Date of birth
	4. Universities or colleges attended
		1. Dates of attendance
		2. Degrees awarded
	5. Professional activities since graduation, especially work as a veterinarian which was not part of your residency training period
	6. Scientific organisations of which you are a member
	7. Honours you have received
	8. Professional presentations
	9. Teaching activities
	10. Grants or awards
	11. Publications list, arranged as follows and listing the earliest first in each section
		1. Publications in international peer-reviewed journals
		2. Publications in non-peer-reviewed journals
		3. Book contributions
		4. Poster presentations
4. Save all these together as a single PDF file with this name: **[Surname]-Personal-Background.pdf** (example: Smith\_Personal-Background.pdf).

# Form 1 – PERSONAL AND EDUCATIONAL INFORMATION

Please indicate which type of training programme you have completed.

|  | Alternate-route |
| --- | --- |
|  | Standard |
|  | Name of standard programme:  |

| **Names of Dipl. ECLAM and all other supervisors** |
| --- |
|  |
|  |

## Personal Information:

| Surname(s) |  |
| --- | --- |
| First name(s) |  |
| Former name (if changed during training period) |  |
| Academic degrees (e.g., BS, Dr med vet, DVM, PhD, other EBVS Diploma) |  |
| Email address |  |
| Secondary email address |  |

## Current or Most Recent Employment:

| Position held |  |
| --- | --- |
| Date started |  |
| Name of employer |  |
| Address |  |
|  |  |
| City |  |
| Country and postcode |  |
| Telephone number |  |

## Applicant Declaration

I hereby declare that to the best of my knowledge all information included in this application is correct. I declare that I am active in laboratory animal medicine for at least 24 hours per week. I understand that any attempt to deceive the review committee may result in a permanent ban from the College.

| Date |  |
| --- | --- |
| Signature |  |

# Form 2 – Applicable Experience

## Instructions

1. **Table 2.1**: List your experience in veterinary medicine during your ECLAM residency. A total of 36 months of residency experience must be documented, with a time equivalent of 60% of a 40-hour working week (i.e., 24 hours per week). For work other than during residency, include sufficient information in your CV (submitted with Form 1) to provide reviewers with a complete summary of your professional experience since obtaining your veterinary qualification.
2. Then complete **Form 2.1** for each of the positions listed in Table 2.1.
	1. Use a ratio to calculate the duration of experience related to laboratory animals. The formula for calculation of applicable experience is: duration of employment (months) x percentage ÷ ratio used.
		1. Use a ratio of 1:1 for work as a laboratory animal veterinarian.
		2. Use a ratio of 1:2 for post-graduate studies involving use of lab animals, e.g., 12 months as a full-time PhD student on a project using lab animals would yield 6 months of applicable experience (=12 x 100% ÷ 2)= (12 x .5)=6. A maximum of 12 months of applicable experience can be accepted.
		3. Use a ratio of 1:6 for employment in areas such as private practice, teaching (non-lab-animal), research (non-lab-animal) or other employment, e.g., 12 months of half-time private practice would yield 1 month of applicable experience (=12 x 50% ÷ 6 = 6÷6=1). A maximum of 12 months of applicable experience can be accepted.
	2. If you worked in positions which combined different activities, separate them into different rows.
		1. Example: 24 months working half-time as a facility veterinarian while finishing a PhD using a rodent model would be shown as:
			1. 24 x 50% x 1=12 months total lab animal position
			2. 24 x 50% ÷ 2=6 months total non-lab animal position
3. Save all forms 2 and 2.1 together as a single PDF file with this name: [**Surname]-Applicable-Experience.pdf** (i.e., Smith-Applicable-Experience.pdf).

# Form 2 – Applicable Experience

List all work experience during your residency, listing the earliest position first. Add additional rows as necessary.

**Table 2.1 Summary of applicable experience during residency (36 months required).**

| No. | Institution/ Employer | Start (year/ month) | Finish (year/ month) | Number of months | % time | Ratio\* | Total months of experience |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2.1 |   |   |  |  |  |   |  |
| 2.2 |   |   |   |  |  |  |  |
| 2.3 |   |   |   |  |  |   |   |
|  | **Total months of experience:** |  |  |  |  |  |  |

Each position/row is to be further described in Form 2.1: Detail of positions

**\***If the position was not as a laboratory animal veterinarian, use ratios of 1:2 or 1:6 as described in the Instructions.

# Form 2.1: Position Descriptions

## Instructions

1. Complete this form for each position held during residency, referencing by position numbers from Table 2.1.
2. Have the person who supervised you in that position either (a) sign the form or (b) email a letter to the ECLAM Secretariat verifying the information contained therein.
3. To depict the breadth of your experience in each position, estimate the percentage of professional time spent in each of the areas listed (must sum to 100%).

# Form 2.1 - Position Description

| **Position number (from Table 2.1)** | 2.[X] |
| --- | --- |
| **Institution/employer:** |  |
| **Applicant’s name:** |  |
| **Applicant’s position:** |  |
| **Professional functions:** |  |

**Dates of employment:**

| Begin (yr/mo):  |  | End (yr/mo): |  | Duration (months): |  |
| --- | --- | --- | --- | --- | --- |
| Extent of employment (i.e., full-time = 100%, half-time = 50%) |  |

**Percentage of time spent in the following areas (must =100%:)**

|  | % |
| --- | --- |
| Clinical practice (clinical care, preventive medicine, laboratory diagnostics) |  |
| Research (experiments, data analysis, publication writing, presentations) |  |
| Teaching of animal care and/or scientific personnel |  |
| Independent study |  |
| Attendance at conferences, seminars, classes and other training events |  |
| Other (please explain:) |  |
| **Total percentage of time spent:** |  |

## Confirmation by the immediate supervisor

I confirm that I was the applicant’s supervisor during the time indicated above and that the information provided in this form is accurate to the best of my knowledge.

| Name |  |
| --- | --- |
| Title |  |
| Signature |  |
| Date |  |

# Form 3: Individual Training Records (ITRs)

## Instructions

1. **Table 3.1**: Complete the information in the table for all training courses or events for which credits are claimed. Individual training records are required from all applicants (standard and alternate-route).
2. Then complete **Form 3.1** for each event listed in Table 3.1.
	1. The ITRs should include all didactic training activities for which credits are claimed. The applicant must provide evidence of at least 200 contact hours of didactic training, defined as classroom instruction, seminars, or formal training courses and workshops for which a certificate of completion or a formal assessment can be provided.
	2. Include sufficient records to show that you have participated in formal learning for all of the required learning modules, as listed on the form.
3. The person certifying completion of the training must sign and date where indicated. If a written certificate of completion or a written assessment are provided, the signature on the certificate will suffice and the supervisor does not need to sign this form again.
	1. If the applicant’s Dipl. ECLAM director or co-supervisor provided training in several different ITRs, he/she can submit a copy of Table 3.1 including all the relevant training events, and sign a single document verifying completion of training. The applicant should append this letter to Form 3 along with all copies of Forms 3.1.
4. If available, attach copies (in PDF format) of completion certificates, scores or evaluations for each training record.
5. Submit the following PDF files:
	1. Form 3 should be saved as a single PDF with this name: **[Surname]-ITR.pdf** (example: Smith-ITR.pdf).

# Form 3 - Individual Training Records (ITRs)

**Table 3.1** List all ITRs below. Add additional rows as needed. A minimum of 200 hours are required.

| ITR No. | Start date | End date | Name of course | Certificate awarded (Yes/No) | Number of hours claimed |
| --- | --- | --- | --- | --- | --- |
| 3.1 |  |  |  |  |  |
| 3.2 |  |  |  |  |  |
| 3.3 |  |  |  |  |  |
| 3.4 |  |  |  |  |  |
| 3.5 |  |  |  |  |  |
| 3.6 |  |  |  |  |  |
| 3.7 |  |  |  |  |  |
| 3.8 |  |  |  |  |  |
| 3.9 |  |  |  |  |  |
| 3.10 |  |  |  |  |  |
|  |  |  | **Total number of hours of didactic training:** |  |  |

# Form 3.1 – Individual Training Record

Use a separate form for each training programme and number them as in Table 3.1.

| **ITR number (from Table 3.1)** | 3.[X] |
| --- | --- |
| **Number of hours claimed:** |  |
| **Applicant’s name:** |  |
| **Training event name:** |  |
| **Location of event:** |  |

## Confirmation by the training provider

I confirm that provided training as indicated above and that the information provided in this form is accurate to the best of my knowledge.

| Name |  |
| --- | --- |
| Title |  |
| Signature |  |
| Date |  |

# Form 4 – Publications

## Instructions

1. Complete in the information in the table for each of the two published articles submitted to fulfil the ECLAM requirements, or attach letters of acceptance and copies of the accepted manuscripts.
	1. You must be the first or primary author of at least one original publication demonstrating the application of scientific methods on topics relevant to lab animal medicine and science.
	2. The second publication may be either: (1) a review, working group report, book chapter or case report relevant to lab animal medicine and science; or (2) a publication demonstrating the scientific method in in lab animal medicine or a related area such as biology, basic or biomedical research, or in vitro research.
	3. Both papers must have been published already, or have been accepted, at the time you apply for credentials to sit the examinations.
2. Save as a single PDF file with this name: **[Surname]-Publications.pdf** (example: Smith-Publications.pdf).

# Form 4 - Publications

## Publication 1:

| Authors:  |  | Year:  |  |
| --- | --- | --- | --- |
| Title:  |  |
| Journal: |  | Volume/pages: |  |
|  |  |  |  |
| Comment on how this publication demonstrates the application of scientific methods on topics relevant to lab animal medicine and science. |
|  |

## Publication 2:

| Authors: |  | Year: |  |
| --- | --- | --- | --- |
| Title:  |  |
| Journal: |  | Volume/pages: |  |
| Comment on how this publication demonstrates the application of scientific methods on topics relevant to lab animal medicine and science, OR is (1) a review, working group report, book chapter or case report relevant to lab animal medicine and science; or (2) a publication demonstrating the scientific method in in lab animal medicine or a related area such as biology, basic or biomedical research, or in vitro research. |
|  |

# Form 5 - Letters of Reference

## Instructions

1. The applicant is responsible for arranging for references to be provided by the Dipl. ECLAM and any other supervisors. Requests for references should be made early enough to ensure timely arrival for consideration with the application.
2. The Dipl. ECLAM supervisor must submit Form 5.1. Each additional supervisor must submit Form 5.2.
3. Letters should be saved as PDF files with the filenames [**Applicant-Surname]-Reference-[Referee-Surname].pdf** (example: Smith-Reference-Brown.pdf).
4. All forms should be emailed directly to the ECLAM Secretariat (eclam.assistance@gmail.com) by the referee.

# Form 5.1 - ECLAM Supervisor’s Reference

Forms should be saved as PDF files with the filename [**Applicant-Surname]-Reference-[Referee-Surname].pdf** (example: Smith-Reference-Brown.pdf). Email to ECLAM.assistance@gmail.com.

Applicant’s name:

1. Overview of the training and experience gained by the applicant and level of supervision:

2. Statement on the applicant's proficiency, judgement, and competence as a veterinarian:

3. Commitment of the applicant to the objectives of ECLAM, and the moral and ethical standing of the applicant within the veterinary profession:

4. Assessment of the applicant’s academic readiness to sit the examination:

5. I met officially with the applicant as listed below (add additional rows as necessary):

| Date | Method of contact (in person, online, telephone, or other means) | Duration of meeting |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

By signing below, I affirm that the applicant has completed all requirements of the ECLAM residency, and that all information included in this application is correct to the best of my knowledge.

| Name |  |
| --- | --- |
| Title |  |
| Signature |  |
| Date |  |

# Form 5.2 – Supervisor’s Reference

Forms should be saved as PDF files with the filename **[Applicant-Surname]-Reference-[Referee-Surname].pdf** (example: Smith-Reference-Zuckermann.pdf). Email to ECLAM.assistance@gmail.com.

Applicant’s name:

1. Overview of the training and experience gained by the applicant and level of supervision:

2. Statement on the applicant's proficiency, judgement, and competence as a veterinarian:

3. Commitment of the applicant to the objectives of ECLAM, and the moral and ethical standing of the applicant within the veterinary profession:

4. I met officially with the applicant as listed below (add additional rows as necessary):

| Date | Method of contact (in person, online, telephone, or other means) | Duration of meeting |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

By signing below, I affirm that the applicant has completed all requirements of the ECLAM residency for which I acted as supervisor, and that all information included in this application is correct to the best of my knowledge.

| Name |  |
| --- | --- |
| Title |  |
| Signature |  |
| Date |  |