



DUAL CERTIFICATION STATEMENT OF INTENT

This form must be submitted to the ACVS office to initiate Dual Certification. Keep a copy of this form for your files. A copy will need to be submitted to ACVS in the Application for Dual Certification.

I have read the current *Requirements for Dual Certification* and the appropriate sections of the *Residency Training Standards and Requirements* as adopted by the American College of Veterinary Surgeons. I understand that any false information that I provide or other evidence of fraud on my part will adversely affect acceptance of my Application for Dual Certification, may be reason for permanent disqualification of my application and may result in disciplinary action, including but not limited to reprimand, censure, suspension, or expulsion from the College.

ACVS Diplomate Name _____ Signature _____

Phone _____ Date _____

Email _____

Year board certified by ACVS _____ Type of Certification Received

Board Certified in Surgery

Board Certified in Large Animal Surgery

Board Certified in Small Animal Surgery

Retraining for additional certification in Large Animal Small Animal

Which pathway toward dual certification are you pursuing?

Option A

How long have you been practicing in the additional emphasis? _____ (years/months)

Option B

If retraining in Large Animal, which curriculum are you following: Large Animal - General Large Animal - Equine

I plan to begin my retraining effective _____ (mm/dd/yyyy)

Submit this form using one of the following methods:

Email: residency@acvs.org

Fax: (301) 916-2287

Mail: ACVS, 19785 Crystal Rock Drive, Suite 305, Germantown, MD 20874

<p><i>For ACVS use</i></p> <p>Date received:</p>
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