#

# APPLICATION FORM FOR PARTICIPANTS IN FEI COURSES

# FOR OFFICIALS

# ENDURANCE VETERINARIANS -2015

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Course**:** |  | Location: |  |

**Endurance Veterinarian 3\***

Support for promotion to 3\* status **[ ]**

Maintain status (every 2 years) **[ ]**

Course registration only **[ ]**

*“Please complete the corresponding form hereafter”*

|  |  |  |  |
| --- | --- | --- | --- |
| Name **(capitals)** |       | First Name **(capitals)** |  |
| Home phone |       | Work phone |       |
| Date of birth |       | Cell phone |       |
| Address |       | Email |       |
|  |       | Fax |       |
|  |       | **Present status** |       |

**Requirements for, Veterinary Official 3\*:**

*As per the Criteria of appointment/promotion for Endurance Officials*

[ ]  Have been a 2\* member of an FEI Veterinary Commission at a minimum of 4 CEIs, 1\* or 2\*, in any one 2 year period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Year* | *Place* | *Event Type* | *Function* | *Remarks* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

[ ]  *Have been a 2\* Veterinarian for a minimum of two calendar years or two complete seasons.*

[ ]  Have qualified at an FEI course for International Endurance Veterinarians within the current or preceding year

|  |  |  |  |
| --- | --- | --- | --- |
| *Year* | *Place* | *Type* | *Course Director's Name* |
|       |       |       |       |

**FEI Courses/Seminars attended (past two years):**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Place | Type | Course Director's Name |
|       |       |       |       |
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|       |       |       |       |

**The NF of**       **hereby certifies that the information above regarding the abovementioned Official is correct and true and wishes that the official be promoted subject to the recommendation of the Course Director and the FEI Headquarters.**

NF Official Representative:

 Timbre and

Date:       Signature:

**TO BE COMPLETED BY THE COURSE DIRECTOR AND RETURNED TO FEI UPON COMPLETION OF COURSE**

 YES NO

Qualifications criteria correct and [ ]  [ ]

sufficient for promotion

Recommended for Promotion [ ]  [ ]

**Course Director:**

Name:       Signature:

Nationality:       Date:

Note: This form must be completed and sent to your National Federation for their stamp of approval. Once the course has been completed, the Course Director should complete the above and sign his or her approval before sending to the FEI.