Promotion to 2\* Endurance Veterinary Treatment Official

Applicant’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Date of Birth |  | Nationality |  |
| FEI ID No. |  | Email |  |
| Phone No. |  | Mobile No. |  |
| Address |  | | |

Criteria for Promotion (please tick the boxes if correct)

My exposure to equine practice is no less than 25% of my total clinical practice.

I officiated as a member of a Veterinary Commission at a minimum of 3 Endurance events (FEI or National):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Place | Event Type | Function |  |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

I completed official mentoring and supervision with at least 2 different EVTs at a minimum of 3 Endurance events (FEI or National), 2 of which were 3\* (or CEN equivalent):

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Place | Event Type | Mentor’s Name and FEI ID number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I have provided at least 2 positive Evaluation Forms signed by my mentors.

Declaration (please tick the boxes if true)

With my signature, I confirm that:

I have read and understood the current version of the [FEI Endurance Regulations](http://inside.fei.org/fei/regulations/endurance)

I have read and understood the current version of the [FEI Veterinary Regulations](http://inside.fei.org/fei/regulations/veterinary)

I acknowledge and accept the FEI Code of Conduct (first section, FEI Veterinary Regulations)

I have read and understood the current version of the [FEI Equine Anti-Doping and Medication Control Regulations](http://inside.fei.org/content/anti-doping-rules)

I am aware of the [FEI Clean Sport webpage](http://inside.fei.org/fei/cleansport/horses) and the [Veterinary section of the FEI website](http://inside.fei.org/fei/your-role/veterinarians)

The information provided in the present application is correct and true

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Applicant’s Signature |  |

***Please return your filled in and signed application form and mentors’ evaluation forms to your National Federation. Contact details can be found in the*** [***FEI Database***](https://data.fei.org) ***under National Federations.***

**FOR THE NATIONAL FEDERATION’S USE ONLY**

The National Federation of  hereby certifies that the above-mentioned information is correct and true and wishes to nominate Dr  for promotion to 2\* Endurance Veterinary Treatment Official.

NF Official Representative

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  | |
| Date |  | Stamp and Signature |  |

***Please return the filled in, stamped and signed application form and mentors’ evaluation forms to the FEI Veterinary Department by email to*** [***anne.pellaud@fei.org***](mailto:anne.pellaud@fei.org) ***or by fax to +41 310 47 60.***