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*** ***or by fax to +41 310 47 60.***