



APPLICATION FORM FOR PARTICIPANTS IN FEI COURSES

FOR OFFICIALS

ENDURANCEVETERINARIANS -2015

Date of Course: _____ Location: _____

Endurance Veterinarian 4*

Support for promotion to 4* 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 4*:*As per the Criteria of appointment/promotion for Endurance Officials*

- ☐ Have been a President or Foreign Vet Delegate of an FEI Veterinary Commission at a minimum of 2 CEIs, 2*, in any one 3 year period.

<i>Year</i>	<i>Place</i>	<i>Event Type</i>	<i>Function</i>	<i>Remarks</i>

- ☐ Have been a 3* member of an FEI Veterinary Commission at a minimum of 3 CEIs, 3*, in any one 3 year period.

<i>Year</i>	<i>Place</i>	<i>Event Type</i>	<i>Function</i>	<i>Remarks</i>

- ☐ Have attended at least one Continuing Education event (seminar/conference) dedicated to Equine Sports Medicine and/or Exercise Physiology, or relevant FEI course, in the past three years.

<i>Year</i>	<i>Place</i>	<i>Type</i>	<i>Course Director's Name</i>

- ☐ Have been a 3* Veterinarian for a minimum of three calendar years or three complete seasons.

FEI Courses/Seminars attended (past two years):

Year	Place	Type	Course Director's Name

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: _____

Date: _____

Timbre and
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	<input type="checkbox"/>	<input type="checkbox"/>
Recommended for Promotion	<input type="checkbox"/>	<input type="checkbox"/>

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.