# ECBHM Re-Evaluation Application Form

Please complete this application form thoroughly to ensure that all required information is provided. Only fully completed application forms will be reviewed. Re-certification credentials submitted otherwise (e.g. in form of a curriculum vitae) will not be accepted. After dating and signing, please submit this form as a pdf file to the administration office of the College via website.

A submission checklist is provided in Annex X and is intended to help Re-Evaluating practicing ECBHM Diplomates with the submission of their Re-Evaluation Credentials.

It is encouraged to submit this checklist together with the Re-Evaluation Credentials.

The responsibility for accuracy and availability of all required re-evaluation criteria rests with the practicing Diplomate.

**Name:**

Affiliation / Institution:

Address:

E-mail address:

Phone:

Fax:

**Date of recognition as an ECBHM Diplomate** (MM, YYYY)**:**

Re-Certification Credentials

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| Attendance and organization of congresses in the field of bovine health management\* |
| *Maximum 60 points* | Points / half day | # of half days | Total |
| Attendance at International congress | 4 |  |  |
| Attendance at other congress | 3 |  |  |
| Attendance at ECBHM or other EBVS college Workshop | 3 |  |  |
| Membership of organizing committee for a congress of at least 2.5 days length+ | 5 per congress |  |  |
| Congress chairperson  | 2 per session |  |  |
| Evaluator of scientific communication (ECBHM) | 2 per congress |  |  |
| Overall total  |  |
| **ECBHM AGM attendance** (specify years & congresses): |

A national or international conference is defined for the purpose of this document as a publically announced convention for a scientific audience with a minimum duration of one entire working day (8 h) with a scientific programme developed by a scientific committee appointed by the congress organization

\* A list of the congresses with a description (e.g. World Buiatrics Congress), the date and location must be provided at the end of this document. A minimum of 2 ECBHM AGMs must be attended in each 5-year re-certification period, unless the Diplomate is specifically dispensed of this obligation by the Credentials Committee. In addition, the scientific programme of an international conference shall be presented in either the English language or any other language permitted that English translation is provided.

+Diplomate’s name must be listed on congress website/ documentation as a member of the organising committee

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| Publications in the field of bovine health management\* |
| *Maximum 50 points* | Points / publication | # of publications | Total |
| Full length paper in a peer-reviewed journal (IF≥0.7) | 10 |  |  |
| Full length paper in other peer-reviewed journal (IF<0.7) and short communication (IF≥0.7) | 6 |  |  |
| Review paper in a peer-reviewed journal and book chapter  | 8 |  |  |
| Short communication (IF<0.7) and published abstract in any peer-reviewed journal | 3 |  |  |
| Overall total  |  |

\* A list of the publications (including the impact factor of the journal) must be provided at the end of this document. Full length papers include case reports.

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| Presentations at national or international buiatrics congresses\* |
| *Maximum: 50 points* | Points / presentation | # of presentations | Total |
| Oral presentation at international congress | 10 |  |  |
| Oral presentation at national congress | 4 |  |  |
| Poster (first second or last author) | 3 |  |  |
| Total overall |  |

\* Presentations must be documented with the English title, the type of presentation (oral presentation, poster), and the date and location of the event. A list of the presentations must be provided at the end of this document.

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| Contributions to continuing professional development for practitioners\* |
| *Maximum 60 points* | Points / hour | # of hours | Total |
| Lectures and / or courses | 4 |  |  |
| Preparation and presentation of a webinar for the ECBHM (max. 2) | 10 |  |  |
| Member of organising committee for an ECBHM Residents’ Workshop+ | 5 |  |  |
| Overall total |  |  |  |

\* An hour of training activity is defined as a 45-minutes (equals 1 academic hour) contact period of the Diplomate with practitioners; during this time either new information on topics relative to bovine health management is provided in form of an oral presentation or the participants (practitioners) have the opportunity to acquire new skills in the field of bovine health management under the guidance of the Diplomate. Credit points can be obtained maximum twice per year for the same presentation or workshop. Training activity must be listed at the end of this document, indicating the English title, the type of training (presentation, workshop), the duration of the lectures or courses, the number of participants, and the date and location of the event.

+You may also claim points per hour for lectures and practicals delivered during the workshop

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| Training of residents and other students |
| *Maximum 50 points* | Points / resident-year | # resident-year | Points  | Total |
| Resident/year of supervision (responsible)\* | 6 |  |  |  |
| Resident/year of supervision (additional)\* | 3 |  |  |  |
| Training of residents in private practice# |  |  | 4 per month |  |
| Mentoring TRP session |  |  | 5 per session |  |
| Training of other undergraduate or postgraduate students in private practice, a private firm / institution with business related to bovine health management # |  |  | 1 per week |  |
| Overall total |  |  |

\* According to the Application for Approval of a Standard Residency Programme, which must be documented by attaching a copy of this document.

#Training of residents or other students in private practice or a private firm / institution with business related to bovine health management: the resident/ student can visit a private practice in which a Diplomate works. To be able to collect the points one to one supervision by the Diplomate is mandatory. The visiting resident/ student and the resident/ student’s supervisor need to sign a statement confirming this which needs to accompany the re-certification documents.

\* The President and Vice-President are ex officio members of all committees, but may count points in one category only.

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| Serving on committees |
| *Maximum: 50 points* | Points / year | # of years | Total |
| Examination Committee | 10 |  |  |
| Education & Residency Committee | 10 |  |  |
| Credentials Committee | 10 |  |  |
| Nomination Committee | 3 |  |  |
| Appeal Committee (only in the event of an appeal) | 10 |  |  |
| Board\* | 10 |  |  |
| Chairmanship of a Committee | 3 |  |  |
| Nationally recognized Buiatrics Committee (max. 15 points) | 3 |  |  |
| Overall total |  |

A written confirmation of service indicating function and year must be provided for National Buiatric Committees.

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| Relevant contribution to position papers by request of the Board or third party organisation |
| *Maximum 10 points* | Points / contribution |  | Total |
| Per accepted contribution  | 2 |  |  |
| Overall total  |  |

A written statement identifying the position paper in question together with the date of submission of the contribution should accompany the re-certification documents

Participation on submissions from Diplomates that contribute to expert opinion requests from third party organisation (written proof submitted by the ECBHM president to the participant Diplomate would need to be submitted together with the credentials

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| Participation in ad hoc working group on a topic relevant to ECBHM, as approved at the description by the Board |
| *Maximum 10 points* | Year(s) | Points / contribution | Total |
| Participation in the JTA questionnaire  |  | 10 points |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Overall total  |  |

Total number of points achieved: ≥100 points needed for regular re-certification

I hereby confirm my active participation in the activities of the College (Constitution, Article 4.5.1.) and that the specialty has been practiced at least 24 hours per week (based on a working week of 40 hours) in the last 5 years.

The applicant confirms that all information above is complete and exact.

Date: Signature:

Applications for re-evaluation must be sent electronically via website (pdf format) to the administration office of ECBHM.

Detailed lists

### Attendance and Organization of congresses in the field of bovine health management

International congresses

1. Congress description:

 Location:

 Date:

 Number of half days of lectures or courses:

2. Congress description:

 Location:

 Date:

 Number of half days of lectures or courses:

3. Congress description:

 Location:

 Date:

 Number of half days of lectures or courses:

Other accredited congresses

1. Congress description:

 Location:

 Date:

 Number of half days of lectures or courses:

2. Congress description:

 Location:

 Date:

 Number of half days of lectures or courses:

3. Congress description:

 Location:

 Date:

 Number of half days of lectures or courses:

Involvement in organizing committees for congresses

1. Congress description:

 Location:

 Date:

2. Congress description:

 Location:

 Date:

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| Publications in the field of bovine health management |
| Bibliographical reference of the publication (authors, journal, publication year, volume, pages) | Category\* | Impact factor\*\* | # of points |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total  |  |  |  |

\*Categories: 1. Full length paper (IF ≥ 0.7): 10 points

 2. Full length paper in other peer-reviewed journal (IF< 0.7) and short communication (IF ≥ 0.7): 6 points

 3. Review paper in a peer-reviewed journal and book chapter: 8 points

 4. Short communication (IF<0.7) and published abstract in any peer-reviewed journal:

 32 points

\*\*Impact Factor of the Journal at the time of publication (IF of the publication year)

Presentations at national or international buiatrics congresses

Oral presentations at international congresses

1. Congress description:

 Location:

 Date:

 Title of the presentation:

2. Congress description:

 Location:

 Date:

 Title of the presentation:

3. Congress description:

 Location:

 Date:

 Title of the presentation:

Oral presentations at national congresses

1. Congress description:

 Location:

 Date:

 Title of the presentation:

2. Congress description:

 Location:

 Date:

 Title of the presentation:

3. Congress description:

 Location:

 Date:

 Title of the presentation:

Poster presentations (as the first author)

1. Congress description:

 Location:

 Date:

 Title of the poster presentation:

2. Congress description:

 Location:

 Date:

 Title of the poster presentation:

3. Congress description:

 Location:

 Date:

 Title of the poster presentation:

Contributions to continuing professional development for practitioners

1. Topic:

 Type of training (presentation/workshop/ECBHM webinar):

 Duration of the lectures or courses:

 Number of participants:

 Date and location of the event:

2. Topic:

 Type of training (presentation/workshop/ ECBHM webinar):

 Duration of the lectures or courses:

 Number of participants:

 Date and location of the event:

3. Topic:

 Type of training (presentation/workshop/ ECBHM webinar):

 Duration of the lectures or courses:

 Number of participants:

 Date and location of the event:

**Self-declaration for ECBHM recertification procedure**

(in agreement with EBVS requirements)

For the recertification procedure a self-declaration signed by the Diplomate is acceptable as alternative to two recommendation letters

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_confirm that:

1. I am registered to practice as a veterinary surgeon in the country where I work and will continue to be so registered during this period of certification.
2. I confirm that my submissions for recertification are a true and accurate record of my activities.
3. I am of good character and keep and uphold the standards required by the college and my national veterinary regulator.
4. I do not have a relevant health condition or disability that currently affects, or could affect my ability to practice safely and effectively within my role.\*
5. I do not have any criminal convictions that impact on my fitness to practice.
6. I am not subject to any disciplinary investigations or sanctions from any national veterinary regulator.
7. I agree to inform the college immediately should any of these statements no longer apply
8. In making these declarations, I understand that any dishonesty could lead to my permanent expulsion from the College and that such information would be shared with any national veterinary regulator.
9. I accept that information contained in this declaration will be stored as long as deemed necessary by the college, and that my right to request to have the information deleted is prevented by the legitimate needs of the college.

\* This does not mean that you have to be free of medical conditions that might impact on your ability to carry out all aspects of the specialty, but that you act within any restrictions that any health condition brings.

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Signature Date