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**Application for Registration of a Training Center of the European College of Veterinary Microbiology**

**Section A**

This application**[[1]](#footnote-1)** is submitted by the Residency Programme Director (*name of the ECVM Specialist)*…………… , on behalf of the following Resident Supervisor/s [*name of the ECVM Specialist/s[[2]](#footnote-2)*)………to the European College of Veterinary Microbiology for the registration of the (*official name and address of the institution/laboratory*)…………., herein referred to as (*abbreviation or brief name of the institution/laboratory*)……………………….., as (*select Approved or Satellite*)…………………..Training Center of the European College of Veterinary Microbiology.

The undersigned hereby confirms that the (*abbreviation or brief name of the institution/laboratory*)……………………….., provides the following training resources (*select yes or no*):

**Table 1.** Outline of the availability of training resources[[3]](#footnote-3)

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Training Activity\*** | **Yes** | **No** |
| 1 | **Microbiology laboratory facilities** involved in the detection of microbial pathogens of veterinary interest that meet the appropriate safety/quality standards |  |  |
| 2 | **Sufficient case load** and **sample throughput** for specialisation in veterinary microbiology |  |  |
| 3 | **Post-mortem examination** facilities suitable for veterinary microbiology training |  |  |
| 4 | **Clinical examination** facilities suitable for veterinary microbiology training |  |  |
| 5 | **Library that can support** specialisation in veterinary microbiology |  |  |

\* For details refer to ECVM Policies and Procedures (Chapter II)

Residency Programme Director: Name …………………………………

Signature …………………………………

Date: ……………………………

**Section B**

The undersigned confirms**[[4]](#footnote-4)** that the (*official name and address of the institution/laboratory)………………..* provides the following resources that are in line with the requirements for its registration as (*select Approved or Satellite*)…………………..Training Center of the European College of Veterinary Microbiology (*delete the paragraph headings that are not applicable[[5]](#footnote-5)*):

1. Microbiology laboratory facilities including:
2. Caseload and sample throughput[[6]](#footnote-6)
3. Accreditation / Compliance with health and safety standards.
4. Clinical facilities
5. Post-mortem examination facilities.
6. Library.

Signature of the Residency Programme Director: …………………………………..

Date: ………………………………………..

**Table 2** Summary of numbers of samples processed per annum

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year | | | | |
|  | 2017 | 2016 | 2015 | 2014 | 2013 |
| Dog |  |  |  |  |  |
| Cat |  |  |  |  |  |
| Cattle |  |  |  |  |  |
| Sheep/Goat |  |  |  |  |  |
| Horse |  |  |  |  |  |
| Pig |  |  |  |  |  |
| Poultry |  |  |  |  |  |
| Laboratory animals (including pets such as rabbits) |  |  |  |  |  |
| Exotics |  |  |  |  |  |
| Other e.g. environmental surveillance |  |  |  |  |  |
| **Total Number** |  |  |  |  |  |

**Table 3** Summary of numbers of test types carried out per annum (please indicate the year that the figures relate to )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Conventional | Immunodiagnostics  **e.g. immunohistochemistry** | Molecular diagnostics | Serology |
| Bacteriology |  |  |  |  |
| Mycology |  |  |  |  |
| Virology |  |  |  |  |
| **Total Number** |  |  |  |  |

1. The application for Registration of a Training Center consists of two sections: Section A (the applicant provides general information required to process this application) and B (the applicant provides details substantiating the suitability of the proposed training center as an Approved or Satellite Training Center). Applications are considered complete only if they contain all the information required within Sections A and B. Both sections of the application need to be signed. Incomplete applications will not be evaluated. [↑](#footnote-ref-1)
2. The Residency Programme Director may also act as a Resident Supervisor; in this case, it is necessary to report only the name of the Residency Programme Director. [↑](#footnote-ref-2)
3. Only Approved Training Centers must satisfy all requirements. Satellite Training Centers may satisfy fully or partially one or more of the requirements; in either case (Approved or Satellite Training Center) the fulfillment of the requirements must be fully substantiated in Section B of the application*.* For Satellite Training Centres details should be provided in the application as to how the missing training resource requirements will be addressed.  For example, provision could be made for residents to have access to/spend time at suitable facilities through links with collaborating institutions / other Satellite Training Centre(s).  [↑](#footnote-ref-3)
4. Please provide all available information to substantiate that the institution/laboratory for which this application is submitted has the resources to satisfy the requirements for an Approved or a Satellite Training Center of the European College of Veterinary Microbiology. The information is reported in the form of a free text under the paragraph headings that follow and must refer to all or some of the requirements recorded in Table 1 (Section A), depending on whether the application is submitted for registration of an Approved or a Satellite Training Center, respectively. The applicant is encouraged to provide supportive material such as photographs, technical records, certificates of quality assurance etc. The College reserves the right to conduct an on-the-spot inspection to confirm the accuracy of the information provided with this application or to request additional substantiating evidence. [↑](#footnote-ref-4)
5. This instruction refers only to applications for approval of a Satellite Training Center. [↑](#footnote-ref-5)
6. Please provide an indication of the types of tests that are usually conducted and the total number of samples tested per species per year. Please fill in tables 2 and 3 (where exact figures are not available please provide accurate estimates). .. [↑](#footnote-ref-6)