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**Confirmation of External Placement of a Resident of the European College of Veterinary Microbiology**

The completed form must be submitted electronically to the Chairperson of the Education Committee and also to the Secretary of the European College of Veterinary Microbiology.

**Name of resident**:

**Residency address**:

**E-mail**:

**Address of external placement**:

**Dates of attendance**:

**Signature of resident**: **Date**:

**Name of Resident’s Supervisor**:

**Signature of Resident’s Supervisor**: **Date**:

**Declaration**

I hereby confirm that **……………………………………………………………………..:**

1. Attended on the dates indicated
2. Received training in the following technique(s) (please list): ………………………
3. Any additional comments1: …………………………………………………………………..

**Name of responsible person2**:

**Position:**

**Signature** **Date**: