



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

ABN: 88 393 171 326

## APPLICATION ENDORSEMENT AS A VETERINARY SPECIALIST

Complete this form if:

- You hold current registration in Victoria.
- You do not hold specialist endorsement in another State or Territory.
- You have completed and enclosed The Australasian Veterinary Boards Council Inc. (AVBC) application with this form

Please send completed form to:

Level 11, 470 Collins Street, Melbourne, Victoria 3000.  
 Email: [registrationadmin@vetboard.vic.gov.au](mailto:registrationadmin@vetboard.vic.gov.au)  
 Telephone: (613) 9620 7444; Facsimile: (613) 9620 7044.

Registration Number	
I (insert name)	
of (insert address)	
apply to the Veterinary Practitioners Registration Board of Victoria for endorsement as a specialist practitioner under section 8 of <i>the Veterinary Practice Act 1997</i> (Victoria) in the following:  Branch .....  Sub category (if applicable).....	
Have you ever been endorsed as a veterinary specialist? If yes, provide details	Yes / No
Have you ever been refused endorsement as a specialist? If yes, provide details	Yes / No
<b>Declaration</b> I am the person named in this application and the information I have provided in support of this application is true and correct in every particular; and I understand that the granting of endorsement as a specialist practitioner entitles me to practise as a specialist in the state of Victoria only.  Signed ..... PRINT Name ..... Date ...../...../.....	
Payment: <b>CREDIT CARD</b> (Visa or Mastercard ONLY)  Please refer to the Board's website for the current endorsement fee <a href="http://www.vetboard.vic.gov.au/registration.php">http://www.vetboard.vic.gov.au/registration.php</a> .	
CC number ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____	Expiry Date ...../...../.....  Amount \$ .....
Name on card	Signature of cardholder