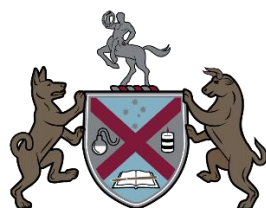


ASSOCIATE MEMBERSHIP POLICY



AUSTRALIAN AND NEW ZEALAND
COLLEGE OF VETERINARY SCIENTISTS

Procedures number	1.3	Version	1
Drafted by	M. Hiscutt	Approved by Council on	17 September 2020
Responsible person	CEO	Scheduled review date	September 2022

Purpose

Associate Membership allows individuals with overseas specialist qualifications to become members of the College and participate in College activities. Associate Membership of the ANZCVS does not confer or imply specialist recognition in Australia or New Zealand.

If there is any uncertainty about any aspect of this policy, contact the CEO or College Manager through the College Office.

Policy

Associate Membership of the Australian and New Zealand College of Veterinary Scientists (ANZCVS) is available to Diplomates of the American Board of Veterinary Specialties, the European Board of Veterinary Specialisation, and the Royal College of Veterinary Surgeons whose Diplomate qualification appears in Annexe A of the AVBC Specialist Registration Information Handbook.

Individuals whose qualifications do not appear in Annexe A who wish to be considered for Associate Membership of the ANZCVS may make an application for Associate Membership addressing additional criteria.

Associate Members:

- will be required to pay annual membership subscriptions
- are allowed full voting rights and the ability to stand for Council and other positions of office
- are entitled to use the post nominals MANZCVS

ASSOCIATE MEMBERSHIP PROCEDURES

Procedures number	1.3	Version	2
Drafted by	M. Hiscutt	Approved by Council on	13 December 2021
Responsible person	CEO	Scheduled review date	September 2022

Responsibilities

The Chief Executive Officer is responsible for initial assessment of applications for Associate Membership and the presentation to Council of suitable applicants.

Background

Annexe A represents a list of training programs in respective disciplines that have already been approved by the Advisory Committee for the Registration of Veterinary Specialists (ACRVS), thereby providing a means to assess the professional competence of candidates who have completed an approved training program.

The ANZCVS recognises that there may be individuals whose qualifications do not appear in Annexe A who wish to be considered for Associate Membership of the ANZCVS. An application for Associate Membership can be made addressing additional criteria.

Associate Membership will be available to veterinarians who:

1. Hold a qualification listed in Annexe A of the AVBC Specialist Registration Information handbook
2. Are eligible for registration as a veterinarian in Australia or New Zealand
3. Are proposed and recommended for Associate Membership by two members of the ANZCVS, at least one having certification equivalent to Fellowship
4. Demonstrate how they have contributed, or intend to contribute to the College
5. Pay the College's annual subscription fee

Applicants who do not meet criterion 1 above may apply by meeting the following criteria, additional to criteria 2-5 above. These individuals must:

6. Have passed a rigorous and comprehensive certifying examination process which represents the certifying examination of their College
7. Be able to demonstrate a high level of competency through teaching, research or practice in their field
8. Be able to demonstrate a high level of expertise in their field
9. Have published original scientific papers, reports, review articles or case studies in scientific journals that utilise a system of scientific peer review prior to publication
10. Continue to contribute to the profession through ongoing full-time work (minimum of 25 hours working per week)
11. Have presented at national and international conferences

Associate Membership of the ANZCVS does not confer or imply specialist recognition in Australia or New Zealand.

Procedures

Applications for Associate Membership shall be made in writing using the Associate Membership application form (Appendix 1) and must demonstrate:

- compliance with criteria 1-5 above, OR
- compliance with criteria 2-11 above.

The office will ascertain that the application addresses the criteria, then circulate the application as an out of session item or place on the agenda of the next Council meeting for consideration. Applicants will be notified within 14 days following the next scheduled Council meeting at which their application is considered.

Associate Membership Application Form



CHECKLIST FOR ASSOCIATE MEMBERSHIP APPLICATION

Please ensure when completing the attached Associated Membership Application Form that the following documents are included.

- Associate Membership Application - Appendix 1
- Qualification document/s
- Letters of support from proposing / seconding Fellows
- If sending electronically, send PDF or Word documents only, NO .jpg / .jpeg

Submit application to:


Assistant College Manager

Email: admin@anzcvs.org.au


Telephone: +61 (7) 3423 2016


APPENDIX 1

ASSOCIATE MEMBERSHIP APPLICATION FORM (PAGE 2)


Please complete this form to apply for Associate Membership. Note that the  icon indicates additional documents that need to be included with this application.

1. I (full name in block letters)
of (address in block letters)
Telephone No. Mobile No.
Email address
hereby apply for Associate Membership of the Australian and New Zealand College of Veterinary Scientists.

-  2. Qualification
Please include documentary evidence of successful completion of qualifications with this application *e.g. evidence of successful completion of UK, European or US Diplomate examinations*
Does this qualification appear in the *AVBC Specialist Registration Handbook Annexe A*?
Yes If yes, please complete up to and including Question 6 only
No If no, please explain current circumstances in section below:

-  3. Australian or New Zealand Veterinary Surgeons Board Registration
Country and State:
Registration Number:
Are you held in good professional standing by that Board?
Yes

4. Employment
Are you currently employed full-time (minimum 25 hours/week) in practice?
Yes No

-  5. Proposed and Seconded by ANZCVS Fellows
Name of Proposer:
Name of Seconder:
Please include letters of support from the Fellows named above.

6. Contributions to the College

Please outline how you have or intend to contribute to the College:



Note: Only complete Questions 7 and beyond if you answered NO to Question 2 (i.e. your qualification is not listed in the AVBC Specialist Registration Handbook Annexe A)


7. Demonstration of a high level of competency through teaching, research or practice

Please provide information of how you meet the criteria of high level of competency in your field in each of the 3 areas below:

Teaching



Research



Practice in the field



8. High level of expertise

Please provide information which illustrates a high level of expertise in your field:



9. Publication

Please list below published original scientific papers, reports, review articles or case studies in scientific journals that utilise a system of scientific peer review prior to publication:



10. Examination process

Evidence is required of equivalence to a rigorous and comprehensive certifying examination process which represents the certifying examination of their College.

Type of program (please select one):

- a) Formal directly supervised structured training program such as university training program; OR
- b) An alternative to a formal training program; OR
- c) No formal structure

Approval:

Was the training centre an institution (such as a university)? Yes No

Please provide the details of the training centre:

Period of training:

Was the period of training a minimum of 2 years full-time or equivalent? Yes No

Did the program require a minimum of 25 hours per week working time? Yes No

If no, how many hours per week were required?

Examinations:

Did the examinations include the following:

Written exams? Yes No

If yes, please provide additional description of exam format/duration:

Oral exam? Yes No

If yes, please provide additional description of exam format/duration:

Practical exams? Yes No

If no, how many hours per week were required?

If yes, please provide additional description of exam format/duration:

ASSOCIATE MEMBERSHIP APPLICATION FORM (PAGE 7)

Examination process (continued)

Case studies in any examination component?

Yes No

If yes, please provide additional description of exam format/duration

Interpretive studies?

Yes No

If yes, please provide additional description of exam format/duration:

11. Presentations at national and international conferences

Please list presentations delivered, below.

Name of Presentation:

Name of Conference:

Conference Year:

Further details:

Name of Presentation:

Name of Conference:

Conference Year:

Further details:

Name of Presentation:

Name of Conference:

Conference Year:

Further details: