



**APPLICATION
ECFVG BASIC AND CLINICAL SCIENCES EXAMINATION (BCSE)**

Name: _____ Date: _____
 Address: _____ ECFVG Candidate Number _____
 City: _____ Veterinary Degree from: _____
 State: _____ Graduation Date: _____
 Zip: _____ Home Phone: () _____
 E-mail address: _____ Work Phone: () _____

Please refer to the Candidate Bulletin at www.avma.org/education/ecfvg/bcse_bulletin.asp for complete information about the Basic and Clinical Sciences Examination (BCSE)

- A nonrefundable, nontransferable testing fee of \$80.00 must accompany the completed application form. Payment can be made by cashier’s check, money order, or credit card. Cashier’s checks and money orders must be payable to AVMA. To pay by credit card please complete the credit card information at the bottom of the application.
- If testing accommodations are needed, an accommodations request can be downloaded from the ECFVG Web site (see www.avma.org/education/ecfvg/bcse_bulletin.asp) or contact the ECFVG Testing Coordinator at 800-248-2862, ext 6682; ECFVG@avma.org) and must be completed and submitted at the same time as the application and testing fee. Failure to do so may result in no accommodations being granted.

Instructions for completing the table below:

1. You must select only one testing window.
2. Please indicate in the first column (with an X or a checkmark) the test window for which you are applying.
3. If no test window is selected, you will be assigned to the first available window.
4. If more than one test window is selected, you will be assigned to the first available test window.
5. If your application is received in the ECFVG office after the deadline listed below for the test window selected, your application will automatically be processed for the next test window.
6. Because the testing fee is nonrefundable and nontransferable, please ensure you will be available to take the examination during the selected window and ensure you mail the completed application in time and by a method to guarantee receipt in the ECFVG office by the application deadline listed below.

	Test Window	Application deadline (receipt in office)
	February 22-March 6, 2010*	January 8, 2010
	April 19-May 1, 2010	March 1, 2010
	August 2-16, 2010	June 15, 2010
	November 20-December 3, 2010	October 1, 2010

*Candidates taking the BCSE during the February/March window will not be able to take the BCSE during the April/May window. Examination results will be mailed within 20 business days from the last day of the test window. Candidates will be notified of official examination results by US mail ONLY. Results will not be released via telephone, E-mail, or Fax.

An Authorization to Test (ATT) letter with a unique identification number and scheduling information will be sent to you via electronic mail and US mail to the addresses listed above within 15 business days after receipt of your completed and signed application. If you do not receive your ATT after 15 business days, please contact the ECFVG Testing Coordinator at ECFVG@avma.org (800-248-2862, ext 6682). The ATT is required before you can schedule your testing appointment.

Please turn over—applications not completed on both sides will be returned without issuance of an Authorization to Test

<p>FOR OFFICE USE ONLY <input type="checkbox"/> Payment Received (Check) <input type="checkbox"/> Payment Received (Credit) Forwarded to Business: _____</p>
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Please read and sign where indicated

Any application not completed on both sides, not signed, or accompanied by a cashier’s check or money order made

Please read the following statements and certify agreement by signing below where indicated:

- I am on the approved ECFVG list of candidates qualified to take the BCSE.
- I understand that the examination cannot be rescheduled from one testing window to another except for a medical condition pertaining to the candidate or death in the immediate family (written verification from a doctor or other appropriate authority is required) without forfeiting all testing fees paid. All rescheduling requests will be granted at the discretion of the ECFVG. Requests must be forwarded in writing to the ECFVG Testing Coordinator and include documentation as listed above.
- I have read the BCSE Candidate Bulletin (available at www.avma.org/education/ecfvg/bcse_bulletin.asp) and have a basic understanding of the nature of the examination and the requirements for conduct, security and candidate identification at the testing center.
- I understand and acknowledge that I must abide by the Rules of Conduct for the BCSE and not engage in any forms of irregular behavior or misconduct. My failure to do so may be sufficient cause for the ECFVG to terminate my participation in the examination, invalidate the results of my examination, withhold or revoke my scores or certification, bar my participation in future examinations, or take other appropriate action.
- I recognize that if I fail to appear for the examination or withdraw after the start of the examination that I will forfeit the entire testing fee paid.
- I recognize that if testing accommodations are needed, I must submit a request for accommodations with this application at least 60 days prior to the first day of the test window for which I am applying. Failure to do so will result in no accommodations being allowed.
- I accept responsibility to monitor the ECFVG Web site for any policy changes in the BCSE that may affect my examination.

I represent that the information provided in this application is truthful and accurate.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Credit Card Information:

Type of credit card (circle one): VISA MasterCard

Credit card #: _____ Expiration date: _____

Signature of card holder: _____

Name and billing address for credit card if different from above:

Name: _____

Billing address: _____

A \$80 non-refundable/non-transferable testing fee must accompany this application in order to proceed with issuing you an Authorization to Test and unique identification number. The testing fee must be paid by cashier's check, money order or credit card and does not include costs associated with travel to the testing site. Travel costs are the responsibility of the candidate.

Mail completed and signed application form with testing fee to:

**AVMA
Attn: ECFVG Testing Coordinator
1931 N. Meacham Rd, Suite 100
Schaumburg, IL 60173-4360**