



# Application for Specialist Registration

Issue  
Review  
Ref number

May 2016  
Annually  
FR04

## APPLICANT DETAILS

<b>Name</b>	Title					
	Given name(s)					
	Family name					
	Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Principal place of residence</b>						
	State or Territory	<input type="text"/>	Postcode	<input type="text"/>		
	Country	<input type="text"/>				
<b>Principal place of work</b>						
	State or Territory	<input type="text"/>	Postcode	<input type="text"/>		
	Would you like your principal place of work address to appear on our website?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Mailing address</b>	Residential address	<input type="checkbox"/>	Practice address	<input type="checkbox"/>	Mailing address (below)	<input type="checkbox"/>
	State or Territory	<input type="text"/>	Postcode	<input type="text"/>		
	Country	<input type="text"/>				
<b>Phone numbers</b>	Mobile	<input type="text"/>	Work	<input type="text"/>	Home	<input type="text"/>
<b>Email address</b>	<input type="text"/>					



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**Required documentation** The following documents must accompany your application:

- (i) Application for Assessment of Eligibility for Registration as a Veterinary Specialist  
This form is available from the [AVBC website](#) and a completed form with required accompanying documents must be submitted with this application. The Board will use the assessment from the AVBC when considering whether the applicant has such qualifications and experience in veterinary science to justify granting of specialist registration.
- (ii) Payment of Fees  
Please complete the payment section below ensuring payment to both the Board and the AVBC.

**Payment details**

**Payment to the Veterinary Practitioners Board of NSW**

**Amount payable**                      **\$220.00**                      Not subject to GST

Please make cheques payable to Veterinary Practitioners Board of NSW

Credit Card payment details:

Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard										
Name on card	<input type="text"/>										
Card number	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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