

ACADEMY OF VETERINARY HOMEOPATHY
Application for Certification
(August 2006)

Please type out this application and mail it to the Certification Secretary, Kim Ferenc:

17 Highland Ave.
Augusta, ME 04330
USA
(866) 232-8900
(207) 621-2474

Name: _____

Office Address: _____

Office Telephone: _____ Home Telephone: _____

Office Fax: _____ e-mail: _____

SS#-(only the last four digits) _____ (to be used on case reports)

Are you a member of the AVH? _____

School you received your veterinary degree from: _____ Year: _____

Veterinary license No. _____ State of: _____

Veterinary homeopathic education

Please list the courses you have completed, the instructor(s) and the year taken. Include a copy of your certificate of completion for each course listed below.

Prerequisites for Certification

1. You must be a current member of the AVH.
2. You must have completed the required homeopathic education. Only AVH-accredited homeopathic courses are acceptable for AVH certification and there must be at least 128 hours of total lecture time, with a minimum of 50 hours devoted to veterinary homeopathy. To find out if your educational course is accredited call the AVH office at (866) 652-1590 or send an e-mail to office@theAVH.org and ask for a list of accepted courses.
3. You must have passed the AVH Entrance examination.

Please enclose your payment with this application. Checks should be made out to the AVH in the amount of \$100. Thank you.

I hereby apply to the Academy of Veterinary Homeopathy for certification in accordance with its rules. Enclosed is the application fee of \$100 that is nonrefundable unless the Committee finds me ineligible to apply for certification. I consent to having the AVH investigate my training in veterinary homeopathy, my standing as a veterinarian, and my compliance with the standard of practice established by the AVH. I further agree to hold harmless the AVH and each of its officers, directors and committee members, from and against any liability whatsoever in respect to any act or omission in connection with this application, the exam, and/or the issuance of or failure to grant a certificate to me.

Signature

Date

For office use only:

AVH member _____, Course work verified _____,
Qualifying exam passed (date) _____.