

Evaluation of International Qualifications for entry to the UK register of Veterinary Nurses

Form D - Certificate of Good Standing Request to Professional Registration Authority

Please confirm the registration details of the veterinary nurse named below. Send the completed form direct to the RCVS (*see address below*)

Applicant's details: Complete the details below and send this form to the professional registration authority where you are currently registered as a veterinary nurse	
Surname:	Click here to enter text.
Previous Name(s):	Click here to enter text.
Forenames:	Click here to enter text.
Date of birth:	Click here to enter text.
Registration or other identifying number:	Click here to enter text.

Certificate of Good Standing: Registration authority to complete this section						
Name of registration authority:	Click here to enter text.					
Address:	Click here to enter text.					
Telephone:	Click here to enter text.	Email:	Click here to enter text.			
Applicant's date of first registration:	Click here to enter text.	Is his/her registration current?	Yes	Click here to enter text.	No	Click here to enter text.
Has the applicant been subject to any disciplinary proceedings affecting this registration, or are any such proceedings pending?			Yes	Click here to enter text.	No	Click here to enter text.
<i>If the applicant is, or has been, the subject of any disciplinary proceedings please give details below:</i>						
Click here to enter text.						

I certify that the individual named above is/has been registered with this authority as a veterinary nurse as above.	
Signature:	Click here to enter text.
Full name:	Click here to enter text.
Position held:	Click here to enter text.
Date:	Click here to enter text.

Registration Authority Official Stamp:

Please return to:

Veterinary Nursing Department
Royal College of Veterinary Surgeons
Belgravia House
62-64 Horseferry Road
London
SW1P 2AF
United Kingdom

020 7202 0788

Or e-mail it to:

vnoverseas@rcvs.org.uk