Formal intention to sit or to re-sit ECVPT examinations

Please complete, print and sign and send as a .pdf to the Secretary (info@ecvpt.org) by March 1st 20XX.

This notice is a necessary prelude towards submitting credentials (by February 1st 20XX) and paying associated fees by June 1st 20XX. Submission of this form will ensure that the potential candidate receives all necessary and updated information in relation to the credential requirements and to the examinations.

Completion of the form does NOT commit the potential candidate to sitting the examination(s).

|  |  |  |
| --- | --- | --- |
| Name (surname, first name):      |  |  |
| Current address: |  |
| e-mail address:       |  |
| Supervisor: |  |

If applicable, please indicate which part(s) of the examinations you already passed:

|  |  |
| --- | --- |
| □ | I already passed the general examination (MCQ)  |
| □ | I already passed the certifying MCQ examination |
| □ | I already passed the certifying essay examination |
| □ | I already passed the objective case management examination |

Please indicate which part(s) of the examinations you intend to sit:

|  |  |
| --- | --- |
| □ | I intend to sit the general examination (MCQ)  |
| □ | I intend to sit the certifying MCQ examination |
| □ | I intend to sit the certifying essay examination |
| □ | I intend to sit the objective case management examination |

Please check the statements that apply to your Credentials

|  |  |
| --- | --- |
| □ | My credentials will be submitted in □20XX □ 20XX |
| □ | My credentials have already been approved | Date of approval: |

Signature       Date

If you do not receive acknowledgement of receipt, please send again.