American College of Veterinary Sports Medicine and Rehabilitation

EXAMINATION REGISTRATION

This completed (typed) examination registration and a non-refundable fee of \$1,000 (US) must be received by the American College of Veterinary Sports Medicine and Rehabilitation Secretary no later than October 15th at 11:59 PM Mountain Time, via the website at www.vsmr.org. Examination registrations received after this date will not be accepted for the following year board-certification examination.

The preferred method of payment is via credit card on our website. A check drawn on a U.S. bank or money order will also be accepted if sent via mail to ACVSMR, 174 Crestview Drive, Bellefonte, PA 16823. Once you have registered and submitted payment for the exam, further details will be provided.

PLEASE TYPE

Name:		
Las	First	Middle
Business address:		
	Street address / P.O. Box / Apartment No.	
	City / State / Providence / Postal code /Country	
Business phone: _	Mobile phone:	
Email		
-	lection: Please indicate the species track for whic specific examination:	h you are taking the
Canine sp	ecialty Equine specialty	
All prospective ex registration: I here Rehabilitation for b	caminees are required to sign the following agreeby register to the American College of Veterinary oard-certification examination in accordance with it nation application fee.	Sports Medicine and
Signature	Da	ate (month/day/year)
Print Name		