



## 2025 Application Form

### Application Instructions

- *Who is eligible:*
  1. 2<sup>nd</sup>, 3<sup>rd</sup>-, 4<sup>th</sup> year veterinary students (*must have been enrolled in August of 2024*)
  2. Veterinary interns and residents (*must provide email address of program supervisor/coordinator*)
  3. Practicing veterinarians (*must provide current address of practice*)
- Complete all application sections, including a Statement of Interest that clearly identifies your career goals and/or explains why HerpVet participation would be beneficial to you ( $\leq 300$  words)
- Submit **completed application form** and a **current Curriculum vitae** ( $\leq 2$  pages) to [herpvet@arav.org](mailto:herpvet@arav.org) by 11:59 PM Eastern Time, March 31<sup>st</sup>, 2025. Late applications may not receive consideration.

<b>Name:</b>	
<b>Email:</b>	<b>Phone:</b>
<b>Address (Street, City, State, Zip):</b>	
<b>Stage of training (select one):</b> <input type="checkbox"/> Veterinary Student. Indicate year/school: _____ <input type="checkbox"/> Intern/Resident. Name and email of program supervisor/coordinator: _____ <input type="checkbox"/> Veterinarian. Name and address of practice/affiliation: _____	
<b>Statement of Interest.</b> <i>Please include your career goals and/or explain why participation would be beneficial to your training/career in 300 words or less.</i>	



**Statement of Interest (continued)**

If selected for HerpVet participation, and knowing that lectures will be presented virtually between 9:30AM-7:30PM Eastern Time, approximately what percentage of lectures would you anticipate attending live (rather than recordings)? Please check one box:

- 76-100%
- 51-75%
- 26-50%
- 25% or less

I confirm that all information presented in this application is accurate. If I am selected to participate in HerpVet and am unable to attend, I confirm that I will let the event organizers know via email ([herpvet@arav.org](mailto:herpvet@arav.org)) as soon as possible so that my spot may be offered to another interested individual and I accept that no refunds will be offered for cancellations following registration. I also confirm that I recognize all materials, presentation recordings, and virtual conference links represent benefits of course registration and attendance, and may not be further shared or disseminated with individuals not registered for the course.

Applicant Signature

Print Full Name and Date