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 November 1st 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:		
Last	First	Middle
Business address:		
Street add	dress / P.O. Box / Apartment No.	
City / Ctat	o / Dravidanas / Dastal anda /Caustry	
City / State	e / Providence / Postal code /Country	
Business phone:	Mobile phone:	
Email		
Species Track Selection: P ACVSMR species-specific ex	lease indicate the species track for whice amination:	ch you are taking the
Canine specialty	Equine specialty	
registration: I hereby registe	are required to sign the following agon to the American College of Veterinary ecation examination in accordance with ication fee.	Sports Medicine and
Signature	Di	ate (month/day/year)
Print Name		

Revised: October 2023