

## 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 use **BLOCK CAPITALS** to complete all sections of this form.

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:	
Previous Name(s):	
Forenames:	
Date of birth:	
Registration or other identifying number:	

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

I certify that the individual named above is/has been Registered with this authority as a Veterinary Nurse as above.	
Signature:	
Full name:	
Position held:	
Date:	

**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](mailto:vnoverseas@rcvs.org.uk)

**Registration Authority Official Stamp:**

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