

## ACVP Phase II Sponsor Verification Form

*Complete this form to endorse a candidate for the ACVP Phase II Examination for submission by the candidate at the time of application. Note: Dual Certification applicants should complete the separate Sponsor Verification Form for Dual Certification.*

Questions? Contact: [exam@acvp.org](mailto:exam@acvp.org)

Sponsor Name: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

### Responsibilities of a sponsor

**General:** Sponsorship of a candidate is not to be taken lightly; sponsorship is one of the principal indices used by the ACVP to determine a candidate's preparedness to sit for the examination.

### Phase II Examination sponsors

All applications require a sponsor. The person who is most responsible for the candidate's training in veterinary pathology must endorse this form. If the chosen sponsor is not the individual most responsible for the training of the candidate, a detailed explanation must be provided in the "additional comments" section at the bottom of this form.

Standard route Phase II sponsors must be certified by examination as an ACVP (Clinical Pathology) or ECVCP Diplomate (for Clinical Pathology candidates) or an ACVP (Anatomic Pathology) or ECVCP Diplomate (for Anatomic Pathology candidates). If the candidate is training in the Alternate Route, then the Phase II sponsor must be an ACVP Diplomate. For Alternate Route training in which the principal mentor is not an ACVP Diplomate, this form must be completed and signed by an ACVP Diplomate sponsor as well as the co-sponsor who most contributed to the training. For more on Phase II Sponsors, please see the ACVP Candidate Handbook.

Select one

- I am an ACVP Diplomate.
- I am an ECVCP Diplomate.
- I am an ECVCP Diplomate.

Check if applicable

- The Candidate is on the Alternate Route of Phase II training, and I contributed to, but am not the person most responsible for, the candidate's training. (If this box is checked, then this form must also be signed by the co-sponsor who is most responsible for the candidate's training.)

Name of Diplomate Sponsor: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Name of co-sponsor (if applicable): \_\_\_\_\_

The sponsor/Diplomate endorser must not have an obvious conflict of interest with the candidate, as would be viewed by an objective outside observer. If there are circumstances or relationships which may be perceived as a potential conflict of interest, please provide a detailed explanation:

## Phase II Sponsor Endorsement – Phase II Certifying Examination

(Answer both parts A and B.)

**Part A: Sponsor Endorsement – Adequate training.** The sponsor's endorsement certifies that the applicant has been provided the training experience, preparation time and access to training materials adequate to sit for and pass the Phase II Certifying Examination.

- I accept being sponsor for this candidate as stated above, endorse the candidate, and confirm that the candidate has had, or will have by the time of the examination, training adequate to sit for and pass the Phase II Certifying Examination.

**Part B: Sponsor Endorsement – Proficiency in non-testable skills.** ACVP requires sponsor verification that the candidate has demonstrated proficiency in the following entry-level skills that are non-testable by the examination but considered critical based on the results of the ACVP Role Delineation Study. ACVP does not expect that all trainees will be equally versed in all areas but does expect the sponsor's assurance that the candidate is adequately prepared to perform the tasks with at least a basic level of competency. See [list of non-testable skills](#).

- I certify that the candidate has demonstrated proficiency in these skills.

### Additional comments

Please use this space to provide any additional comments about this applicant's training or about the sponsor's role in training (if not the person most responsible) in the space below:

By signing below, I certify that the information I have provided is true to the best of my knowledge.

Diplomate Sponsor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-sponsor (most responsible for training) signature: \_\_\_\_\_ Date: \_\_\_\_\_