

Postal Address:  
VMG, Lychetts House  
13 Freeland Park, Wareham Road  
Lychett Matravers  
Poole, Dorset, BH16 6FH



## CERTIFICATE IN VETERINARY PRACTICE MANAGEMENT (CVPM)

### EXAM APPLICATION FORM

#### Application Criteria

The registration criteria for the examination are:

1. You must be a full member of the VMG and must remain so for the duration of your registration.  
(Separate membership application and fee can be sent with exam application).
2. You must be actively employed in the veterinary environment/industry.

The Following must be included with this application:

- Report: an electronic copy (saved as a PDF document) which can be emailed to: [office@vetmg.com](mailto:office@vetmg.com)
- Passport sized photo (recent head and should image of candidate)
- Correct Exam Fee (see website for details)

#### Important Note:

Applications must be received into the VMG office no later than the 1<sup>st</sup> August in the year they wish to sit the examination.

Candidates must pass all sections of the examination in one exam sitting in order to be awarded the Certificate in Veterinary Practice Management

For more information see the CVPM Examination Guide. This is available to download under the CVPM section of the VMG website.



Veterinary Practice Management Association Limited trading as Veterinary Management Group and VMG  
(Registered in England and Wales, Reg. No. 7197536)  
Registered Office: Calyx House, South Road, Taunton TA1 3DU  
Tel: 07000 782324 Email: [office@vetmg.com](mailto:office@vetmg.com) Website: [www.vetmg.com](http://www.vetmg.com)

**Personal Details**

Title - \_\_\_\_\_

First Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

VPMA Membership number \_\_\_\_\_

**Home Address**

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Place of Employment**

\_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Date of Examination applied for** \_\_\_\_\_

**Preferred address for correspondence** Work / Home (please delete)

**Preferred email address** Work / Home (please delete)

**Please indicated how you would like to receive notification of your results:** Post / Email (please delete)

I confirm that I have met the criteria for registration for the Certificate in Veterinary Practice Management as detailed above and hereby apply to take the CVPM exam.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**PRIVACY POLICY STATEMENT:**

VPMA T/As VMG is the Data Controller of its membership dataset. All data held is handled in accordance with UK Legislation, including the 1998 Data Protection Act (updated to comply with EU's GDPR which comes into forces 25 May 2018). The lawful basis for VMG processing membership data for its own purposes under GDPR Article 6 (1) (b) is performance of Contract. For the full privacy policy for this data-set, including how individual's rights under GDPR are met and how access requests and data breaches will be handled, please email [office@vetmg.com](mailto:office@vetmg.com) to request a copy.