



## Application for ACVIM Reduced Dues Status: Full-time Graduate Studies

As an active ACVIM Diplomate pursuing a full-time program of graduate study leading to a degree at an accredited college or university, you may qualify for a dues reduction of 50% of the annual ACVIM certification fee. For programs that begin on or before December 31, the reduction in dues will be effective in the year of admission into the program. The chief advisor of the individual requesting reduced dues shall certify to the ACVIM, **on an annual basis**, that the individual is enrolled **and in good standing** in the full-time program. Reduction of dues under the provisions of the paragraph shall be limited to a total of not more than five years for any individual.

(You must be an Active ACVIM Diplomate)      *Please Print or Type:*      ACVIM Member #: \_\_\_\_\_

Name: \_\_\_\_\_      E-mail: \_\_\_\_\_

Address: \_\_\_\_\_      Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_      Zip/Postal: \_\_\_\_\_

I am requesting Reduced Dues Status because I am pursuing a full-time graduate studies program at an accredited college or university:

Institution: \_\_\_\_\_

College Department: \_\_\_\_\_

Field of Study: \_\_\_\_\_

I began the program on \_\_\_\_\_ and expect to complete the program on \_\_\_\_\_.

I request a 50% reduction in ACVIM certification dues for the year \_\_\_\_\_.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

### CERTIFICATION

As chief advisor, I hereby certify that the applicant is involved in the full-time program of study indicated above.

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE EMAIL COMPLETED FORM TO: [Membership@ACVIM.org](mailto:Membership@ACVIM.org)**