

**APPLICATION FOR CERTIFICATION AS A**  
**CLINICAL ANIMAL BEHAVIOURIST**

This form contains 3 sections:

1. Applicant details
2. Professional references
3. Signed declaration

Please complete all 3 sections and email this form, together with the relevant supplementary documents, to:

[applications@ccab.uk](mailto:applications@ccab.uk)

The information that you supply in your application and the supporting documents will only be seen by members of the CCAB Certification team and by scrutineers co-opted by the team when necessary.

You will be notified of where to make payment of the application fee of £280 on receipt of your completed application.

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**SECTION 1: APPLICANT DETAILS**

**Contact details:**

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

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

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Species applying for:**

Dog  Cat  Horse  Rabbit

Bird  Other

If multiple species: in which species would you like your first viva? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Your availability for assessment:**

Please write in below how much notice you require to attend the Viva (by Zoom) and specify any days/times in the next two months that you are unable to attend.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your location preference for the practical assessment using the drop-down menus below. We will endeavour to give you the region of your choice but cannot guarantee it.

Leicester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lincoln \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical or mobility issues that you would like to make the examiners aware of or any reasonable adjustments or special considerations you would like to request based on special requirements? (Please note, evidence may be requested to support requests):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick to indicate that that you have included all the following items with this application**

Evidence of Pre-certification

Case Log Book

Presentations Summary

Details of 2 referees

Signed declaration

**Your preferred details for publication on the CCAB register**

Should your application be successful how would you like to appear on the [online register?](about:blank) Take a look here to see existing details <https://www.ccab.uk/practising-ccabs> and complete your details below.

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

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SECTION 2 – PROFESSIONAL REFERENCES**

Please provide the names, addresses and professional positions of two referees who can vouch for your professional abilities. You should contact your referees directly and ask them to send their references by email to [applications@ccab.uk](mailto:applications@ccab.uk) .

(A standard reference request is provided in the Appendix to this form.)

At least one of your referees should be a veterinary surgeon who has referred cases to you. A vet does not need to have referred a minimum or maximum number of cases to you to be a referee.

We need to receive your references before we can start processing your application.

**Referee 1:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details (address or email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee 2:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details (address or email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION 3 – SIGNED DECLATION

Please read and sign the following declaration.

“I apply to CCAB Certification for assessment of my suitability for acceptance as a Certificated Clinical Animal Behaviourist. I confirm that for all cases, I am able to produce evidence that a vet has assessed the case and that they are satisfied the animal can be seen by me.

I certify that the information I have given in this application is true to the best of my knowledge and belief and that the work submitted as part of this application will be my own (this includes details and submission of all case related material for assessment). Where any client/vet reports requested contain any sections not authored by me, I will ensure this is notified to the office ([applications@ccab.uk](mailto:applications@ccab.uk)) in writing ahead of my assessment (this does not apply to branded handouts where authorship is clear from the branding citation). I acknowledge that failure to do this may result in Certification being withdrawn.

If accepted, I undertake to comply with the Charter, Statutes, Rules and regulations of CCAB Certification and to comply with the Code of Conduct for Certificated Clinical Animal Behaviourists. I will also include a copy of the code of conduct on my own website. I undertake that, on receiving a notice from CCAB Certification, that in accordance with one or more articles of the Charter, Statutes or Rules, I am no longer Certificated by the organisation, I will immediately cease to use any of the privileges of Certification.”

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX - STANDARD REFERENCE REQUEST**

(Date)

(Referees name and address)

Dear (Referee’s name),

I am applying to CCAB Certification Ltd for Certification as a Clinical Animal Behaviourist and I would therefore be very grateful for your opinion as to my suitability for Certification.

Certification constitutes recognition by CCAB Certification Ltd that, to the best of its knowledge, I meet the educational, experiential and ethical standards required by the organisation for professional clinical animal behaviourists. These requirements are detailed on the pages of the CCAB Certification website (<https://ccab.uk>).

In your reference please indicate how long you have been professionally associated with me and in what capacity. Please could you also give your opinion of my clinical ability and professionalism. I have enclosed a copy of the CCAB Code of Conduct to which, if my application is successful, I will be expected to adhere. You are welcome to include in your reference any other information which you think may be relevant.

Please could you send an email copy to: -

[applications@ccab.uk](mailto:applications@ccab.uk)

Thank you.

Yours sincerely,