

MALAYSIAN VETERINARY COUNCIL

APPLICATION FOR ACCREDITATION OF VETERINARY QUALIFICATION AND VETERINARY INSTITUTION

Note:

- (1) This application is for the purpose of veterinary qualification and institution entry into the Second Schedule of the Veterinary Surgeons Act 1974.
- (2) This application form is to be completed in capital letters.
Examples of a completed form is available in the Malaysian Veterinary Council official website (URL: <http://www.mvc.gov.my>).
- (3) Please attach the relevant documents, premise layout plans and photographs to support your application as per mentioned within this form.
- (4) The Institution Profile Template of the relevant documents can be referred to the Guidelines for Accreditation of Veterinary School which is available in the Council's official website
- (5) Incomplete submissions / insufficient pre-requisite documents may result in processing delays, please ensure that the compulsory fields are filled in and the relevant attachments are sufficient and has been appropriately annexed. The Council may reject any submissions that do not meet the stated requirements.
- (6) All information must be submitted in either English or Bahasa Melayu (*optional*).

SECTION 1 – VETERINARY INSTITUTION DETAILS

1. Full Name of Veterinary Institution	
2. Full Name of Parent Institution/University (if applicable)	
3. Name of Country	
4. Type of Institution	<input type="checkbox"/> Public <input type="checkbox"/> Private, for profit <input type="checkbox"/> Private, non-profit <input type="checkbox"/> Other:.....
5. Address of Proposed Establishment	<hr/> <hr/>
6. Address of Administrative Headquarters/Registrar Office (if different from above)	<hr/> <hr/>
7. Contact Details	Tel. No. : _____ Fax No. : _____
8. Email address (for general student enquiries)	
9. Website	

SECTION 2 – VETERINARY QUALIFICATION DETAILS

1. Full Name of Proposed Veterinary Qualification to be accredited	
2. Abbreviation of Proposed Veterinary Qualification to be accredited	
3. Please state other accreditation this qualification and veterinary institution has obtained and the relevant veterinary/accreditation body _____ _____ _____ _____	
<i>(Please attach the relevant certified-true documents as proof)</i>	
4. Year Qualification has been established (Year of First Graduating Batch of Veterinarians)	

SECTION 3 – ACCREDITED ORGANIZATION CONTACT DETAILS

1. Full Name of Head of Organization	
2. Title and Position in Organization	
3. Contact Details	Tel. No. : _____ Fax No. : _____
4. Email address	
1. Full Name of Accreditation Liaison Officer (ALO) (Nominated member of staff that will act as ALO contact for the veterinary institution)	
2. Title and Position in Organization	
3. Contact Details	Direct Tel. No. : _____ Fax No. : _____
4. Email address	

SECTION 4 – DOCUMENTATION CHECKLIST

1.	Veterinary Institution Profile — This document should contain the following details under the heading of: <i>(Please refer to the Guidelines for Accreditation of Veterinary School for more details)</i>	Annex 1	
	1.1 Organization		
	1.2 Finances		
	1.3 Facilities and Equipment		
	1.4 Animal and Clinical Resources		
	1.5 Library and Information Resources		
	1.6 Admission		
	1.7 Students		
	1.8 Faculty and Staff		
	1.9 Curriculum		
	1.10 Research Programs		
	1.11 Outcomes Assessments		
2.	List of previous and current Malaysians undergoing the said course leading to the qualification as a veterinary surgeon.	Annex 2	
3.	Certified true copy of relevant documents supporting accreditations from other relevant veterinary body / accreditation body	Annex _____	
4.	Premise layout of the veterinary institution	Annex _____	
5.	Photographs of the veterinary institution	Annex _____	

DECLARATION BY ESTABLISHMENT

I acknowledge that I have read and understood all requirements of this application and have attached all appropriate documentation, as requested. I also declare that the information given in this application are true and correct. I have also read, understood and agree to the conditions stated by the Malaysian Veterinary Council in regard to this application

Signature of Head / Principal of
Veterinary Institution

Signature of Witness to Signatory

Name (Please print) : _____

Name (Please print) : _____

Designation / Title : _____

Designation / Title : _____

Date : _____

Date : _____

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