



Register of Animal  
Musculoskeletal Practitioners  
Renewal Form  
2019

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Applicants Name:			
Home Address plus base of work			
If Base not home town please state here.	Base:		Postcode:
Telephone No(s):	Work/ Home:		Mobile:
Email Address:		Website:	
Profession:		Animals treated:	Horses <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Farm animals <input type="checkbox"/> Small animals <input type="checkbox"/> Exotic animals <input type="checkbox"/> Wild animals <input type="checkbox"/>
Registering body/ Professional Association with membership number:		Area of work (region/ county) *see website for regions	
<b>Insurance provider</b> and details (enclose a copy of your insurance) NB we may contact your insurer to confirm cover, by signing this application, you agree to this.	Policy Number		
<b>Years in practice</b> , detail if sole practitioner or in group practice, any career breaks and type of practice eg large animal /small animal/ therapist/lecturer			Office Use Only

<p><b>Evidence of Continuing Professional Development (CPD)</b> 25 hours required over last year or a total of 50 over last 2 years. Detail with dates and enclose copies of certificates if relevant. These must show CPD relevant to your areas of practice.</p> <p>* A template for the completion of CPD is available</p>		Office Use Only
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<p><b>Applicant declaration</b></p> <p>*Please ensure that your contact details are correct and are also those that you wish to have displayed on the register. Your home town will be used as your Base unless you specify otherwise. Regions are divided as follows. For ease please specify which on your form.</p>	<p>I confirm that all information from my original application is still appropriate and standing</p> <p>I confirm I have completed the required CPD</p> <p>I confirm that all of the evidence submitted is a true reflection of my career progression and academic achievements.</p> <p>I confirm that I have not been subject to a Fitness to Practice proceeding or disciplinary proceedings from other educational institutions, regulators or professional bodies nor are any proceedings pending</p> <p>I confirm I have not been struck off from any professional associations or regulators</p> <p>I confirm that I am fully insured to practice within my profession.</p> <p>I agree to always work within my Scope of Practice and obey all rules of professional conduct</p> <p>I enclose a copy of my Public Liability Insurance</p> <p>I enclose a copy of my relevant qualifications</p>	
	<p>Signature:</p>	<p>Date:</p>

A random sample of Applications and CPD will be audited each year, applicants will be expected to complete the CPD forms and log these for future reference. A template and more information on this is available on the RAMP website.

There is a renewal fee of £65 to cover the registration period April 1st 2019 to March 31st 2020. Your renewal will not be considered until the fee has been received and a delay in payment will therefore delay your renewal and listing. You may pay either by BACS with your name as reference to account name The Register of Animal Musculoskeletal Practitioners, sort code: 09-01-29, account number: 06629395. Or you may pay by cheque payable to RAMP and posted with this form to RAMP, Pembroke House, Middle Lane, Shotteswell, OX17 1JQ