(Amended Date 09/03/19)

European College of Veterinary Sports Medicine and Rehabilitation

Standard Residency Application

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# General information concerning Residency Programmes

The Residency Training Programme must be approved by the Education Committee and ratified by the Executive Board before the commencement of the programme.

Approved Residency Training Programmes include:

1. Residency Training Facility
2. Residency Programme Director
3. Supervisor
4. Residency Training Plan

A brief overview is given below, for more detailed information please refer to the relevant chapters in the PPS of the ECVSMR.

## Official recognition of ECVSMR training centres

All institutions willing to contribute to the training of residents must be approved by the Education Committee and ratified by the Executive Board prior to commencement of the training programme. Training centres that fulfil all requirements to run a full Standard Residency Program will be designated as an ‘Approved Training Centre’ (ATC). Re-accreditation is required every five years. Training centres which fulfil only specific aspects of the ECVSMR (e.g. residents having access to only specific equipment/expertise) are allowed to contribute to residents’ training by offering rotations under ECVSMR diplomate supervision and will be designated a ‘Satellite Training Centre’ (STC). These centres must be re-accredited every five years. All other centres where residents may rotate occasionally or where supervision is provided by a specialist who is not an ECVSMR specialist will be considered on a case-by-case basis. The approval is granted only under the conditions of each individual application and a new application is required for each resident.

## Facilities, services and equipment required for an approved Residency Training Programme

An institution seeking recognition for an EVSMR Residency Training Programme must ensure that the following infrastructure, including facilities, service and equipment are available for the resident:

1. Veterinary medical library containing the relevant textbooks and current journals related to the speciality
2. Medical records that are adequately maintained for each case and easily retrievable
3. Diagnostic facilities to perform routine diagnostic procedures relevant to the speciality (including, for example, radiography, ultrasonography, endoscopy, laboratory diagnostics). Access to advanced modalities, e.g. computed tomography (CT) and magnetic resonance imaging (MRI) are recommended
4. Adequate caseload for the acquisition of the competencies described below. If the institution does not have sufficient case material for the resident to satisfy the recommended case log numbers, the resident’s training can be supplemented with externships at another specialist practice or academic institution. Diplomate supervision of the cases treated at the alternative specialist practice or academic institution is an absolute requirement. Every out-rotation must be approved by the Education Committee unless the institution is accredited as Satellite Centre
5. Species-specific equipment for rehabilitative treatment must be available, for example equipment for cryotherapy, heat therapy, neuromuscular electrical stimulation, extracorporeal shockwave therapy or hydrotherapy.
6. Equipment for objective locomotor assessment, such as pressure mats, force plates, objective video and/or sensor-based gait analysis are recommended. If this equipment is not available at the institution, the residents must gain experience by spending time at satellite centres or other approved institutions.

## Residency Programme Director

Each Standard Residency Programme must have a Residency Programme Director who must be a Diplomate of the ECVSMR and a senior member of staff at the institution hosting the residency. The Residency Programme Director is responsible for:

1. the application for approval of the Standard Residency Programme to the ECVSMR Education Committee and for ensuring that it continues to meet the requirements of the ECVSMR once it has gained approval (see Appendix Form ‘Approval of the Standard Residency Programme’);

2. the application for formal re-approval of the training centre and Programme every five years;

3. the recording of the presence of visiting residents (externships).

## Clinical Supervisor

The standard Residency Training Programme must be supervised by an EBVS-recognized DECVSMR in the field. A supervisor cannot supervise more than two residents at a time, although in exceptional cases three residents can be allowed for a restricted time period.

The supervisor is responsible for:

1. administration and supervision of the candidate’s progress through the Programme; this will require frequent contact and at least two formal, recorded meetings per year to assess progress and performance, and to review the activity portfolio

2. completion of an annual report for each supervised resident, which is sent to the Education Committee (see Appendix form “Annual report”)

3. ensuring that all facilities and case material required are available to the resident

## Residency Training Plan

Training can be completed in small animal (SA track) or equine (EQ track) sports medicine and rehabilitation. Further information concerning the subject-specific skills may be found in the P&Ps

# Formal steps towards recognition

A new Residency Training Programme Application must be submitted for:

a. all new Programmes;

b. if a Residency Training Plan for a potential applicant will differ from the Residency Programme Director’s previously approved Residency Training Plan.

Approval of the Residency Training Programme (Residency Programme Director, Facility, Plan and Supervisor) is required before an applicant may commence training or register with the ECVSMR Secretary as a Sports Medicine and Rehabilitation Resident.

Documents required for a Residency Training Program Application include:

* Accreditation as Training Centre (Part 1)
* Standard Residency Programme (Part 2)
* Mentorship agreements (Part 3)

If the trainee is entering into a pre-approved Residency Training Programme, only a Registration Form must be submitted. All new Residents must submit the Registration form to the ECVSMR Secretary.

Annual updates of the Residency Training Programme and Residency Training Facility must be completed to maintain ECVSMR approval. Any major changes to the Residency Training Programme and Residency Training Facility must be communicated immediately to the ECVSMR Secretary by using the ‘Major Changes Form’.

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVSMR Secretary, Email: info@ecvsmr.org

# Part 1: Accreditation as training centre

Please refer to the ECVSMR Policies and Procedures (P&P) for help with completion of this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Primary site of Programme / Institute | |  | |
| Name of facility: | | click to type | |
| Contact Address: | | Street address | |
| Post code: | | …………………………………... | |
| City: | | …………………………………... | |
| Country: | | …………………………………... | |
| Telephone number 1: | | …………………………………... | |
| Telephone number 2: | | …………………………………... | |
| Fax number: | | …………………………………... | |
| Institute head / chair | | …………………………………... | |
| E-mail address of institute head | | …………………………………... | |
|  | |  | |
| Secondary sites for Programme | | | |
| This does not include external rotations but should describe secondary centres where the residents will undertake supervision by the supervisor.  …………………………………... | | | |
| Primary species | | | |
| This application is for choose track. | | | |
| Information facilities, service and equipment | | | |
| Veterinary medical library  The relevant textbooks and current journals related to the specialty are available for the resident.  This Residency Training Facility does not have available to trainees at all times the minimum required Reading List as detailed in the most recent version of the Policies and Procedures  [Describe here the Facility’s deficits and the exact plans to acquire the missing Required References prior to the initiation of training, including a timeline] I will confirm compliance in writing to the Education Committee within 30 days of the date of this application.  click to type | | | |
| Internet access  On site internet access to the standard veterinary and human medical databases is available for the resident at all times. | | | |
| Medical records  Medical records must be adequately maintained for each case and easily retrievable. Describe the type of medical patient documentation here:  click to type here | | | |
| Clinical facilities | |  | |
| Please indicate clinical facilities available as part of the primary species clinical services that will support the training of residents. It is not expected that all facilities will be present and acknowledged that some are specific to certain species. Where necessary provide brief details of these facilities (e.g., MRI – low field/ high field). Specific model details are not required. | | | |
| Radiography | | click to type here | |
| Ultrasonography | | click to type here | |
| Cardiology (ECG/Echo) | | click to type here | |
| Computed tomography | | click to type here | |
| Magnetic Resonance Imaging | | click to type here | |
| Respiratory Endoscopy | | click to type here | |
| Gastroscopy | | click to type here | |
| Dynamic endoscopy | | click to type here | |
| Exercise physiology facilities | | click to type here | |
| Laboratory diagnostics | | click to type here | |
| Where key equipment is not available at the primary institution, provide details of approved satellite centres, or other arrangements to ensure appropriate training.  click to type here | | | |
| Equipment for objective locomotor assessment | | | |
| Please indicate equipment available as part of the primary species clinical services that will support the training of residents. It is not expected that all facilities will be present and acknowledged that some are specific to certain species. Where necessary provide brief details of these facilities. Specific model details are not required. | | | |
| Pressure mats | click to type here | | |
| Force plates | click to type here | | |
| Video-based gait analysis | click to type here | | |
| Sensor-based gait analysis | click to type here | | |
| ☐Arena for ridden and unridden assessment of horses | click to type here | | |
| Others: | click to type here | | |
| Where key equipment is not available at the primary institution, provide details of approved satellite centres, or other arrangements to ensure appropriate training.  click to type here | | | |
| Equipment for rehabilitative therapies | | | |
| Please indicate facilities available as part of the primary species clinical services that will support the training of residents. It is not expected that all facilities will be present and acknowledged that some are specific to certain species. Where necessary provide brief details of these facilities. Specific model details are not required. | | | |
| Cryotherapy | | | click to type here |
| Heat therapy | | | click to type here |
| Neuromuscular electrical stimulation | | | click to type here |
| Therapeutic Ultrasound | | | click to type here |
| Laser (Class 3b or higher) | | | click to type here |
| Extracorporeal Shockwave/ radial pressure wave | | | click to type here |
| Magnetic field therapy | | | click to type here |
| Equipment for therapeutic exercises | | | click to type here |
| Underwater treadmill | | | click to type here |
| Pool | | | click to type here |
| Podiatry service | | | click to type here |
| Allied professional services working collaboratively with specialists (eg saddle fitters, give details) | | | click to type here |
| Other | | | click to type here |
| Where key equipment is not available at the primary institution, provide details of approved satellite centres, or other arrangements to ensure appropriate training.  click to type here | | | |
| Case load | | | |
| Adequate caseload for the acquisition of competencies described in section 3 and 4 of the PPs must be available.   * Total Sport Medicine and Rehabilitation case load per year for the hospital in the primary species: click to type here | | | |

# Part 2: Application for the Standard Residency Programme

Please refer to the ECVSMR Policies and Procedures (P&P) for help with completion of this application.

|  |  |
| --- | --- |
| Programme outline and training |  |
| Duration of training programme (Minimum 3 years, Maximum 5 year): | choose years. |
| Proposed enrolment of first resident | Enter date |
| Residents may not be recruited until the Residency Training Programme (Facility and Plan) has been approved and the Mentorship Agreement received by the Education Committee. | |
|  |  |
| Involvement in sporting events | |
| Please describe what provisions are made to ensure that residents participate in sporting events  click to type here | |
| Details of formal training | |
| Please describe what formal training opportunities exist for developing clinical training and understanding of research methods (e.g., clinical rounds, image interpretation, journal clubs, statistical methods training)  click to type here | |
| Details of self-directed study time | |
| Please detail the plan for completion of the formal course work requirements.  click to type here | |
| Details of planned conference attendance | |
| Please provide details of conferences, meetings and courses that will be attended by the resident  click to type here | |
| Presentations to be given by the resident | |
| Please describe what opportunities the resident will have to give professional presentations. Residents must give 2 presentations in the subject area.  click to type here | |
| Research training details | |
| Please describe you plan for research (minimum 4 weeks per year) and preparation of scientific manuscripts for publication  click to type here | |
| Comparative sports medicine / rehabilitation (optional) | |
| Please describe what (if any) opportunities will be made for residents to work in human sports medicine / rehabilitation centres. This is not compulsory.  click to type here | |

## Overview of training programme

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | TOTAL | REQUIREMENT | |
| Sports medicine and rehabilitation clinics | # | # | # | # | # | # | 97 | |
| Clinical rotation with the alternate species | # | # | # | # | # | # | 4 | |
| External Rotations |  |  |  |  |  |  | 13 | |
| Small | Equine |
| Surgery | # | # | # | # | # | # | 5 | 5 |
| Internal Medicine | # | # | # | # | # | # | 4 | 5 |
| Neurology | # | # | # | # | # | # | 1 |  |
| Diagnostic Imaging | # | # | # | # | # | # | 3 | 3 |
| Research | # | # | # | # | # | # | 12 | |
| Conference attendance | # | # | # | # | # | # |  | |
| Formal course work | # | # | # | # | # | # |  | |
| Vacation | # | # | # | # | # | # |  | |

Weeks are usually considered to begin on Monday and end on Sunday. Weeks of clinical work may not overlap. All supervised SMR weeks must occur at a Residency Training Facility approved in advance by the Education Committee. Any change from this must be described below for consideration by the education committee. click to type here

Please indicate any other arrangements within the programme not covered above

click to type here

Overview of resident supervision

|  |  |
| --- | --- |
| Please complete this table to provide a general overview of the quality of training provided to the resident. In each rotation, a primary supervisor must be identified who is a member of the appropriate EBVS or ACVS recognised college. These supervisors must each complete a mentorship agreement document to confirm their involvement with the residency programmes.  Supervisors must be legally and locally authorised to practice in the Residency Training Facility where supervision takes place.  ECVSMR recognises that, in some non-European countries, there are nationally-recognised specialists who could contribute to training. In circumstances where there are insufficient European Diplomates, a non-EBVS recognised Diplomate may co-supervise a European Residency Programme under the condition that the EC responsible for the residency Programmes approves the curriculum vitae of the non-EBVS recognised specialist who is co-supervising the Programme. Please send the form ‘Use of non-EBVS recognised Diplomates’ for approval.  External rotations are those provided at a separate institute. Internal rotations are those undertaken within the same or other departments of the same institute. | |
|  |  |
| Programme director | |
| The Residency Programme Director must be a Diplomate of the ECVSMR and a senior member of staff at the institution hosting the residency. The Residency Programme Director is responsible for approval, re-approval and ensuring that the programme continues to meet the requirements of the ECVSMR once it has gained approval. They also record the presence of visiting residents (externships).   |  |  | | --- | --- | | Name of programme director | click to type here | | Qualifications | click to type here | | |
| Primary clinical supervisor | |
| The standard Residency Training Programme must be directly supervised by an EBVS-recognised DECVSMR in the field for the 97 weeks Sports Medicine and Rehabilitation Clinics. The Residency Programme Director and supervisor may be the same person. 'Direct supervision' indicates that the Resident must rapidly and personally discuss every case with the Diplomate, who must therefore be present on site. It is not necessary for the Diplomate to examine every case - this will depend on the level of expertise of the Resident. Diplomates may only be 'off site' (e.g. attending a congress) for at most two (2) weeks continuously without arranging another Diplomate to act as a supervisor in their place. One diplomate may supervise a maximum of 2 residents at any given time. Indicate the number of weeks (annually) the primary resident is available to engage in direct supervision of the resident.   |  |  | | --- | --- | | Name of supervisor | click to type here | | Qualifications | click to type here | | Weeks | Click or tap here to enter text. |   Details of other Sports Medicine Diplomates involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.   |  |  |  |  | | --- | --- | --- | --- | | Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents | | Click or tap here to enter text. | college | Select | Click or tap here to enter text. |   Please specify what arrangements are in place for those times when a Diplomate of the speciality in which the programme is registered is not present.:  click to type here | |
| Surgery rotation supervisor | |
| A rotation in surgery relevant to the primary species must be supervised by an ECVS or ACVS diplomate.   |  |  | | --- | --- | | Name of supervisor | click to type here | | Qualifications | click to type here | | Comments | click to type here |   Details of other surgery diplomates (in the primary species) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.   |  |  |  |  | | --- | --- | --- | --- | | Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents | | Click or tap here to enter text. | college | Select | Click or tap here to enter text. | | |
| Internal medicine rotation supervisor | |
| A rotation in internal medicine relevant to the primary species must be supervised by an ECVIM, ECEIM or ACVIM diplomate.   |  |  | | --- | --- | | Name of supervisor | click to type here | | Qualifications | click to type here | | Comments | click to type here |   Details of other internal medicine diplomates (in the primary species) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.   |  |  |  |  | | --- | --- | --- | --- | | Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents | | Click or tap here to enter text. | college | Select | Click or tap here to enter text. | | |
| Neurology rotation supervisor (small animal only) | |
| A rotation in neurology relevant to the primary species must be supervised by an ECVN or relevant ACVIM diplomate.   |  |  | | --- | --- | | Name of supervisor | click to type here | | Qualifications | click to type here | | Comments | click to type here |   Details of other neurology diplomates (in the primary species) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.   |  |  |  |  | | --- | --- | --- | --- | | Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents | | Click or tap here to enter text. | college | Select | Click or tap here to enter text. | | |
| Diagnostic imaging rotation supervisor | |
| A rotation in diagnostic imaging must be supervised by an ECVDI or relevant ACVR diplomate or associate diplomate.   |  |  | | --- | --- | | Name of supervisor | click to type here | | Qualifications | click to type here | | Comments | click to type here |   Details of other imaging diplomates) involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.   |  |  |  |  | | --- | --- | --- | --- | | Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents | | Click or tap here to enter text. | college | Select | Click or tap here to enter text. | | |
| Alternative species sports medicine rotation supervisor | |
| A rotation in the alternative species must be supervised by an an appropriate EBVS or AVMA recognised specialist   |  |  | | --- | --- | | Name of supervisor | click to type here | | Qualifications | click to type here | | Comments | click to type here |   Details of other diplomates involved in training programme. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field.   |  |  |  |  | | --- | --- | --- | --- | | Name | College | Internal / External | Comments (part time working / details). Indicate the number of weeks per year that individuals will supervise the residents | | Click or tap here to enter text. | college | Select | Click or tap here to enter text. | | |

# Part 3: Mentorship agreements

# Residency Programme Director Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
| …………………………………... | |
| I agree that for all of my Residents, as Programme Director :   * I must remain an ECVSMR member in good standing; * I will ensure that the Resident’s schedule is consistent with the Residency Training Plan approved for this Residency Training Programme; * I will report immediately to the Education Committee any major change in the Residency Training Programme or Residency Training Facility ; * I am responsible for informing the Credentials Committee of the Resident’s progress on an annual basis. * I am responsible for signing a letter at the time of Credential Application verifying the Resident’s successful completion of all aspects of the programme. * I will ensure that all administrative tasks and communication with ECVSMR are completed in a correct and timely manner.   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

Signature:

Sports Medicine Clinical Supervisor Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| I agree that for all of my Residents, as supervisor, I:   * and the Resident will complete and submit the ECVSMR Resident Registration Form and required Registration Fee to the ESVSMR Secretary by the next February 1st/August 1st after initiation of training (whichever date comes first). * will remain an ECVSMR member in good standing for the duration of my Resident’s training in order to remain his/her Mentor. * will directly oversee the approved Residency Training Plan, monitor my Resident’s progress, and ensure that the Core Curriculum will be received. * will meet with the Resident at least once every 3 months to evaluate his/her progress through the Programme. * will accept ultimate responsibility for the quality of the educational experiences of the Residency, including the quality of Supervision by other Diplomates. * will review and critique the Resident’s Annual Progress Report, Knowledge and Experience Requirements, Skills Log, and Training Benchmarks (as required). * will be responsible for informing the Credentials Committee of the Resident’s progress on an annual basis. * will be responsible for signing a letter at the time of Credential Application verifying the Resident’s successful completion of all aspects of the Programme. * will continue to work with the Candidate until she/he is successful in passing the Certifying Examination and achieves Diplomate status, or for as long as is mutually agreed.   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

## Signature:

## Surgery Rotation Supervisor Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
| …………………………………... | |
| I agree that :   * I will remain a Diplomate of my college in good standing; * I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme; * I will ensure and certify that residents spend the equivalent of at least 5 weeks (i.e. 200 hours) under my supervision * I will ensure that residents focus on learning and evaluating the results of orthopaedic examinations and treatments * While no direct surgical training is expected, I will encourage the resident to observe different surgical procedures relevant to the speciality. * The resident will receive direct training in orthopaedic examination techniques. * I will confirm the authenticity of case logs generated by residents during their rotation   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

Signature:

## Internal Medicine Rotation Supervisor Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
| …………………………………... | |
| I agree that :   * I will remain a Diplomate of my college in good standing; * I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme; * I will ensure and certify that residents spend the equivalent of   + at least 5 weeks (i.e. 200 hours) under my supervision for equine track residents   + at least 4 weeks (i.e. 160 hours) under my supervision for small animal track residents * I will ensure that residents focus on learning and evaluating relevant aspects of internal medicine including exposure to nutritional issues, gastrointestinal disorders, upper and lower respiratory diseases, the practical application of exercise physiology, neurological (for equine track residencies) and cardiological investigations. * I will confirm the authenticity of case logs generated by residents during their rotation   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

Signature:

Neurology Rotation Supervisor Agreement

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
| …………………………………... | |
| I agree that :   * I will remain a Diplomate of my college in good standing; * I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme; * I will ensure and certify that residents spend the equivalent of at least 1 week (i.e. 40 hours) under my supervision * The resident will receive direct training in neurological examination and diagnostic techniques. * I will confirm the authenticity of case logs generated by residents during their rotation   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

Signature:

Diagnostic Imaging Rotation Supervisor Agreement

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
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| I agree that :   * I will remain a Diplomate of my college in good standing; * I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme; * I will ensure and certify that residents spend the equivalent of at least 5 weeks (i.e. 200 hours) under my supervision * I will ensure that residents focus on interpretation and understanding the clinical significance of diagnostic images (radiography, ultrasonography, magnetic resonance imaging, computed tomography and scintigraphy) * I will confirm the authenticity of case logs generated by residents during their rotation   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

Signature:

Alternative Species Rotation Supervisor Agreement

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| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
| …………………………………... | |
| I agree that :   * I will remain a Diplomate of my college in good standing; * I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme; * I will ensure and certify that residents spend the equivalent of at least 4 weeks (i.e. 160 hours) under my supervision * I will ensure that residents focus on rehabilitation in this species * I will confirm the authenticity of case logs generated by residents during their rotation   **GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. | |
| Date: Click or tap to enter a date. | |

Signature: