



RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
CARDIOLOGY

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Cardiology Residency Training Programs in the ACVIM Certification Manual (CM). The most current version of the CM is available on the ACVIM website at www.ACVIM.org. If there is a discrepancy between this form and the CM, the CM will be considered correct, however, please contact the ACVIM office or the Residency Training Committee Chairperson for clarification.

Prior to making significant changes in a residency training program, approval of the ACVIM and Cardiology Residency Training Committee must be obtained. The Candidate and/or Program Director must notify ACVIM, in writing. Significant changes could include, but are not limited to: changes in Program Director or advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: This form contains questions for three separate purposes; data collection that ACVIM must maintain for its accreditation as a specialty college; data collection for each specialty to evaluate what is appropriate for residency programs; and data collection to evaluate this Residency Training Program for renewal. It is important that all questions be answered accurately and completely, even if the answer to a specific question is not essential for a program's renewal.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs which include multiple sites must provide detailed information as to which Diplomates in the specialty of Cardiology, as well as other Specialties, will be supervising the resident(s) at each site. In this program registration form, the Program Director must provide specific, detailed information regarding supervision and facilities available at each specific site(s).

The following forms must be completed and submitted annually: **Part One** is an online form and addresses general features of the program. **Part Two** addresses aspects of training that apply to all current residents. **Part Three** addresses aspects of training that may differ amongst residents enrolled in a single program. Part Three must be completed and submitted for EACH resident enrolled in the program.

Program Director Name:
(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

Program Director's Contact Information:

Work Phone:	<input type="text" value="(612) 625-0141"/>
E-mail:	<input type="text" value="staut004@umn.edu"/>
Mailing Address:	<input type="text" value="Veterinary Clinical Sciences, CVM"/>
	<input type="text" value="1365 Gortner Ave."/>
	<input type="text" value="St. Paul, MN 55108"/>

1. Location of Sponsoring Institution (Residency Training Program):

Primary Site:

Multi-site programs, if any, are listed in Part Two.

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology. There is no restriction on the number of Resident Advisors; however, **each Resident Advisor can supervise only two residents concurrently.**

[Christopher Stauthammer](#)

3. Supervising Diplomate(s) on-site: (Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology).

[Christopher Stauthammer - Cardiology](#)

4. Please list all **Diplomates** of ACVIM responsible for supervision of clinical training who are specialists in areas other than Cardiology. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty

[Michael Henson - Oncology](#)
[Jody Lulich - SAIM](#)
[Christie Ward - LAIM](#)
[Alistair McVey - Neurology](#)
[Rita Miller - SAIM](#)
[Carl Osborne - SAIM](#)
[David Polzin - SAIM](#)
[Stephanie Valberg - LAIM](#)
[Robert Washabau - SAIM](#)
[Michelle Ritt - SAIM](#)
[Ned Patterson - SAIM](#)
[Anna Firshman - LAIM](#)
[Antonella Borgatti - Oncology](#)
[Jennifer Granick - SAIM](#)
[Lindsay Merkel - SAIM](#)
[Eva Furrow - SAIM](#)

5. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated resident advisor. All current residents and incoming residents (if known) should be listed here. Unless specifically approved, in advance, by the CRTCC, the ratio of cardiology residents to on-site Cardiology Diplomates who are actively involved in resident training cannot exceed 2 to 1.

Resident Name, Dates of Program, (Resident Advisor) *

[Alyssa Pinkos 7.13.15 - 7.13.18 \(Christopher Stauthammer\)](#)
[Chris Whipp 7.13.16 - 7.13.19 \(Christopher Stauthammer\)](#)

* **There is no restriction on the number of Resident Advisors; however, each Resident Advisor can supervise only two residents concurrently.**

Please note, any Candidate that significantly changes or alters their Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program

- **change of Program Director or Resident Advisor**



American College of **Veterinary** Internal Medicine

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Part Two

Part Two of the Cardiology Residency Training Program addresses general features that apply to all current residents. (Part Three must be completed and submitted for each resident.)

Current Date:

Program Director Name:

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

Name of Sponsoring Institution (Residency Training Program):

1. Please list all **Diplomates** of the American College of Veterinary Pathology in the areas of clinical pathology or gross/histopathology associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name of Diplomate(s)	Clinical or Gross	Comments
Erin Burton	Clinical	
Davis Seelig	Clinical	
Daniel Heinrich	Clinical	
James Collins	Gross/histo	
Timothy O'Brien	Gross/histo	
Arno Wunschman	Gross/histo	
Anibal Armien	Gross/histo	
Eric Olson	Gross/histo	

2. Please list all **Diplomates** of the American College of Veterinary Radiology associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident.

Name of Diplomate(s)	Comments
Daniel Feeney	
Kari Anderson	
Christopher Ober	

3. Please list the **Diplomates** available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomate(s)	Specialty	Comments
Sheila Torres	Dermatology	
Sandra Koch	Dermatology	
Wanda Gordon-Evans	SA Surgery	
Betty Kramek	SA Surgery	
Elizabeth LaFond	SA Surgery	
Elizabeth Pluhar	SA Surgery	
Michael Conzemius	SA Surgery	
Kristina Keifer	SA Surgery	
Troy Trumble	LA Surgery	

Nicolas Arnst	LA Surgery	
Erin Malone	LA Surgery	
Ava Michelle Trent	LA Surgery	
Sandra Alweiller	Anesthesiology	
Daniel Almeida	Anesthesiology	
Erin Wendt Hornickle	Anesthesiology	
Jeff Todd	Emergency/CC	
Kellie Tart	Emergency/CC	
Rosalind Chow	Emergency/CC	
Julie Churchill	Nutrition	
Peggy Root-Kustritz	SA Theriogenology	
Scott Madill	LA Theriogenology	

4. **Research Requirements:** In recognition of the importance of scientific discovery as a critical mission of the ACVIM, all Residency Training Programs shall include an assessment period or instruction and/or participation in creative scholarship which will foster an appreciation of, competency in, and contribution to the knowledge base of their respective specialty and which will support their development as clinician scientists. This requirement is fulfilled through satisfactory completion of A and one of B [See GIG D.2.d]:

- A. Journal Club: Routine and regular participation in a critical review of the literature, a minimum of eighty (80) hours during the program. Describe how this requirement is met or exceeded.

The Cardiology Service has a weekly journal club meeting lasting one hour and covers one to three articles.
 The Cardiology Service also has a weekly book chapter discussion separate from journal club. Residents attend either cardiology resident rounds, or pediatric cardiology conferences at the University of Minnesota Medical School every week.
 Veterinary Clinical Sciences Department Grand Rounds are held once a week, and Veterinary Medical Center morbidity and mortality rounds are held once a month.
 Residents present one Veterinary Clinical Sciences Department Grand Rounds lecture each year of their training program.
 Residents lead at least one Veterinary Medical Center morbidity and mortality rounds discussion during their training program.

- B. Successful completion of any one of the options listed below. Describe how this will be fulfilled or exceeded in the individual trainee's specific application.

1. Successful completion of at least two (2) of the following three (3) short courses/workshops offered by ACVIM either on-line or at the Forum:
 - A. Critical evaluation of veterinary medical/biomedical literature
 - B. Grant Writing
 - C. Study, design and participation in clinical trials
2. Documented submission of a grant proposal (by advisor letter)
3. Acceptance and presentation at a scientific meeting of an abstract (oral or poster) of original work
4. Documented completion (by advisor letter) of a prospective or retrospective research program pertinent to the candidate's specialty
5. Documented completion (by advisor letter) of graduate course work in biostatistics, research methods, and/or research ethics.

Completion of a research project pertinent to the candidate's specialty.

Note: Letters of documentation by advisors will need to accompany the final submission of the Resident Logs to the Residency Training Committee in order to qualify for a resident certificate.

5. Please indicate the availability of the following facilities or equipment. Indicate if these are available on-site at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation and availability in the space at the end of this section. See GIG E.1.h.1 for details.

	Available?		Location of equipment? (On-site or list site name)
	Yes	No	
a) Standard radiological equipment [must be on-site]	X	<input type="checkbox"/>	Onsite
b) Ultrasonographic equipment	X	<input type="checkbox"/>	Onsite
c) Echocardiography equipment [must be on-site]	X	<input type="checkbox"/>	Onsite
d) Cardiac catheterization capability [must be on-site]	X	<input type="checkbox"/>	Onsite
e) Endoscopy equipment	X	<input type="checkbox"/>	Onsite
GI equipment	X	<input type="checkbox"/>	Onsite
Bronchoscopy	X	<input type="checkbox"/>	Onsite
Cystoscopy	X	<input type="checkbox"/>	Onsite
Rhinoscopy	X	<input type="checkbox"/>	Onsite
Laparoscopy	X	<input type="checkbox"/>	Onsite
f) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology)	X	<input type="checkbox"/>	Onsite
g) Serum osmolality measurement	X	<input type="checkbox"/>	Onsite
h) Colloid oncotic pressure measurement	X	<input type="checkbox"/>	Onsite
i) Electrocardiography [must be on-site]	X	<input type="checkbox"/>	Onsite
j) Blood Pressure Measurement	X	<input type="checkbox"/>	Onsite
k) Electroencephalography	X	<input type="checkbox"/>	Onsite
l) Electromyography	X	<input type="checkbox"/>	Onsite
m) Brainstem Auditory Evoked Response Equipment	X	<input type="checkbox"/>	Onsite
n) Nuclear Medicine [access is desirable]	X	<input type="checkbox"/>	Onsite
o) Computed Tomography	X	<input type="checkbox"/>	Onsite
p) Magnetic Resonance Imaging	X	<input type="checkbox"/>	Onsite
q) Radiation Therapy Facility	X	<input type="checkbox"/>	Onsite
r) Veterinary Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	Onsite
s) Computerized Medical Records w/Searching Capabilities	X	<input type="checkbox"/>	Onsite
t) Medical Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	Onsite
u) Intensive Care Facility – 24 hours	X	<input type="checkbox"/>	Onsite
v) Urethral pressure profile & cystometrography		<input type="checkbox"/>	
w) Hemodialysis capability		<input type="checkbox"/>	
x) Total parenteral nutrition capability	X	<input type="checkbox"/>	Onsite

If any of the above equipment or facilities are available off-site, please explain how the resident can access them for case management, research, or study.

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6. Total Cardiology caseload per year:	2500
Number of cardiac catheterizations per year:	75
Number of echocardiographic examinations per year:	1500

7. Please list the residents who have completed the cardiology training programs at your site within the last five years, including the year that each individual's training program started and ended. If at all possible, please indicate whether the individual has completed the board certification process.

Name(s)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Diplomate Status (Yes or No)
Damon Leeder	July 15, 2009	July 15, 2012	Yes
Maxie Krueger	August 29, 2010	August 30, 2013	Yes
Rebecca Cervene	July 15, 2012	July 18, 2015	Yes

Kristin Barncord	July 17, 2013	July 14, 2016	Yes
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8. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated resident advisor. All current residents and incoming residents (if known) should be listed here. Part Three of this form must be completed for each resident listed here. Unless specifically approved, in advance, by the CRTTC, the ratio of cardiology residents to on-site Cardiology Diplomates who are actively involved in resident training cannot exceed 2 to 1.

Resident Name(s) (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Alyssa Pinkos	07/13/2015	07/13/2018	Christopher Stauthammer
Chris Whipp	07/13/2016	07/13/2019	Christopher Stauthammer

Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

X As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.



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Part Three

Part Three of the Cardiology Residency Training Program addresses general features of the program that apply to each resident enrolled in the program. Please complete a separate Part Three for each resident enrolled in the program.

Current Date:

Program Director Name:

Name of Sponsoring Institution (Residency Training Program):

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

- 1. Please provide the name of the cardiology resident for whom this application applies (leave blank at time of submission for program approval if name is not known). **Information contained in Part Three is applicable to one resident. If more than one resident is involved in the RTP, please complete one separate Part Three for each resident.**

Resident Name (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor (first/last)
Alyssa Pinkos	07/13/2015	07/13/2018	Christopher Stauthammer

- 2. Is the duration of your program thirty six (36) months?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, explain why the program is longer than thirty six (36) months

- 3. Advanced Degree:

Degree	Yes	No	Required
Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the approximate time (months) dedicated to graduate work?

Please provide a description of the graduate degree program if offered, including the didactic program (course work) and inter-relationship with the residency program. Be sure to make clear how the residency requirements will be met:

4. ACVIM Research Requirement:

Please describe how this trainee will satisfy the research requirements outlined in Part 1.9 of the Residency application (GIG D.2.d). Progress towards this requirement should be updated annually in the renewal application. Documentation of successful completion of the research requirement will need to be included in the form letter provided by the advisor that confirms the candidate's completion of this requirement. This letter should be submitted with the Resident Logs to the Residency Training Committee in the final year of their program.

Journal club on a weekly basis throughout the program
Separate book chapter review and discussion on a weekly basis throughout the program
Completion of a research project pertinent to the candidate's specialty
Attendance of ACVIM forum

5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See GIG E.1.a.4 for a listing of definitions related to training programs including active (direct) supervision. See GIG D.2.d]

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, describe in detail:

Please list the Secondary Site and responsible Advisor at that site (list all, if more than one):

Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomate when appropriate. [See GIG E.1.a.4.]

6. Additional secondary site experiences that do not fulfill a portion of the required twenty four (24) months of active (direct) supervision or the required five hundred (500) echocardiograms, two hundred thirty (230) hours of structured educational experiences or fifteen (15) invasive procedures are supplemental (optional) experiences and do not require documentation from supervising Diplomates.

Required	<input checked="" type="checkbox"/>
Recommended	<input checked="" type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

Residents are to spend a minimum of two weeks observing cases and procedures within the University Medical School under the supervision of a pediatric cardiologist or interventional radiologist. Additional time is recommended but not required. Additional time is recommended observing veterinarians within the Medtronic Physiologic Research Laboratory Cardiac Pacing unit.

7. Please provide a description of how the required one hundred fifty (150) hours of cardiology focused structured educational experiences will be met or exceeded. [See GIG E.g.1]

The Cardiology Service has a weekly journal club meeting.
The Cardiology Service has a separate weekly book chapter discussion and review.
Residents attend weekly education rounds focused on Board exam preparation.
Residents attend and/or present lectures to second and third year veterinary students
Residents attend and host rounds with fourth year veterinary students rotating through the Cardiology Service.

Residents attend either cardiology resident rounds, or pediatric cardiology conferences at the University of Minnesota Medical School every week.

Residents attend the ACVIM Forum in the 2nd and/or 3rd year of their program

8. Please provide a description of how the required twenty four (24) months of active (direct) supervision will be met or exceeded as well as additional (indirect) supervision to complete the thirty six (36) month training period. [See GIG D.2.f and E.1.a.3 for definitions related to training programs including active (direct) supervision.]

Definitions from D.2.f:

Direct Supervision: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation.

Indirect Supervision: The Supervising Diplomate and resident, although participating in a clinical practice together, are not on duty simultaneously and so are not concurrently managing cases. To qualify as Indirect Supervision, the Supervising Diplomate(s) is required to have face-to-face contact with the resident for at least one (1) hour per day for four (4) days per week.

During the 3 year program, residents spend 8 months/year on cardiology clinics. Residents are actively supervised by a board certified cardiologist whenever on clinics.

9. Please provide an outline of a typical weekly schedule

Residents in their 1st and 2nd year attend an advanced pathobiology lecture from 7:30 to 8:30 every Monday morning as part of their preparation for the ACVIM general exam.

The Cardiology Service has case-based teaching rounds from 8:00 to 9:30 on Mondays to Wednesdays, and from 9:00 to 10:30 on Fridays

Veterinary Clinical Sciences Department Grand Rounds is held on Thursdays from 8:00 to 9:00

Receiving and consultations take place on Mondays, Tuesday, and Thursdays. Each case has a complete physical examination, usually followed by some combination of electrocardiography, thoracic radiography, echocardiography, and/or other procedures appropriate for the case. Electronic medical records and referral letters are completed by the attending clinician within a few days after case discharge.

Catheterization and other procedures are performed on Wednesdays and Fridays. Transfers, emergency appointments and consultations are also attended to on these days.

Cardiology journal club is held each Wednesday from 3:00 to 4:00.

Cardiology book chapter discussion is held each Wednesday from 4:00 to 5:00.

On Fridays, residents attend either cardiology resident rounds or pediatric cardiology conferences from 7:30 to 9:00.

The Cardiology Service is on-call for the Emergency Service and other Veterinary Medical Center services afterhours and on weekends.

Name of Residency Training Program:

University of Minnesota Alyssa Pinkos

Note: Signatures are only required on the original application submitted at the time of program registration, not on the annual updates unless significant changes to the training program occur.

_____ Signature of Resident	_____ Printed Name of Resident	_____ Date
_____ Signature of Program Director	_____ Printed Name of Program Director	_____ Date
_____ Signature of Resident Advisor	_____ Printed Name of Resident Advisor	_____ Date

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Part Three

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Current Date:

Program Director Name:

Name of Sponsoring Institution (Residency Training Program):

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Resident Name (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor (first/last)
Christopher Whipp	07/13/2016	07/13/2019	Christopher Stauthammer

- 2. Is the duration of your program thirty six (36) months?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, explain why the program is longer than thirty six (36) months

- 3. Advanced Degree:

Degree	Yes	No	Required
Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the approximate time (months) dedicated to graduate work?

Please provide a description of the graduate degree program if offered, including the didactic program (course work) and inter-relationship with the residency program. Be sure to make clear how the residency requirements will be met:

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5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See GIG E.1.a.4 for a listing of definitions related to training programs including active (direct) supervision. See GIG D.2.d]

Yes	No
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If yes, describe in detail:

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Required	<input checked="" type="checkbox"/>
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Briefly describe any secondary site supplemental outside experiences:

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8. Please provide a description of how the required twenty four (24) months of active (direct) supervision will be met or exceeded as well as additional (indirect) supervision to complete the thirty six (36) month training period. [See GIG D.2.f and E.1.a.3 for definitions related to training programs including active (direct) supervision.]

Definitions from D.2.f:

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Cardiology book chapter discussion is held each Wednesday from 4:00 to 5:00.

On Fridays, residents attend either cardiology resident rounds or pediatric cardiology conferences from 7:30 to 9:00.

The Cardiology Service is on-call for the Emergency Service and other Veterinary Medical Center services afterhours and on weekends.

Name of Residency Training Program:

University of Minnesota Christopher Whipp

Note: Signatures are only required on the original application submitted at the time of program registration, not on the annual updates unless significant changes to the training program occur.

_____ Signature of Resident	_____ Printed Name of Resident	_____ Date
_____ Signature of Program Director	_____ Printed Name of Program Director	_____ Date
_____ Signature of Resident Advisor	_____ Printed Name of Resident Advisor	_____ Date

Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

X As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.