



**RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
LARGE ANIMAL INTERNAL MEDICINE**

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training and Credentials Committee (RTCC) 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Large Animal Internal Medicine (LAIM) 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 RTCC Chairperson for clarification.

Prior to making significant changes in a residency training program, approval of the ACVIM and LAIM RTCC 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 any advisors, transferring from one program to another, alterations in program duration, 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 LAIM, as well as other Specialties, will be supervising the resident(s) at each site. In this updated program registration form, the Program Director must provide specific, detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, are listed in Part Two.

Program Director Name:
(Must be an active Diplomate of ACVIM, in any specialty)

Program Director's Contact Information:

Work Phone:	<input type="text" value="(706) 542-6326"/>
E-mail:	<input type="text" value="bartonmh@uga.edu"/>
Mailing Address:	<input type="text" value="Department of LA Medicine, CVM"/>
	<input type="text" value="2200 College Station Rd"/>
	<input type="text" value="Athens, GA 30602"/>

SPECIES:

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

Primary Site and Length of Training Program:

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

2. Resident Advisor(s): Must be Diplomate(s) of ACVIM in the Specialty of Large Animal Internal Medicine.

Michelle Barton
Steeve Giguere
Kelsey Hart
Erin Beasley
Clare Ryan

3. Please list all ACVIM - LAIM Diplomates involved in resident training. (Must be Diplomate(s) of ACVIM in the Specialty of Large Animal Internal Medicine or ACVIM Associate). **At least 2 ACVIM Diplomates are required, one of whom must be ACVIM LAIM.**

Michelle Barton - LAIM
Steeve Giguere - LAIM
Lisa Williamson - LAIM
Meri Phelps - LAIM
Clare Ryan - LAIM
Kelsey Hart - LAIM
Erin Beasley - LAIM

4. Please list all ACVIM Diplomates responsible for supervision of clinical training who are specialists in areas other than LAIM.

Joe Bartges - SAIM
Scott Brown - SAIM
Marc Kent - SAIM and Neurology
Simon Platt - Neurology
Sherry Sanderson - SAIM
Cynthia Ward - SAIM
Nicole Northrup - SAIM and Oncology
Travis Laver - Oncology
Dawn Clarke - Oncology
Amie Koenig - SAIM
Gregg Rapoport - Cardiology
Joanne Smith - SAIM
Corey Saba - Oncology
Tracy Hill - SAIM
Renee Barber - Neurology
Amanda Erickson - Cardiology
Andrew Bugbee - 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.

Resident Name, Dates of Program, (Resident Advisor)

Katharine MacDonald 7.15.15 - 7.15.18 (Michelle Barton)
Hayley Chidlow 7.15.16 - 7.15.19 (Erin Beasley)
Cynthia Xue 7.15.17 - 7.15.20 (Clare Ryan)

Please note, any Program Director or 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**



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Part Two

Part Two of the LAIM Residency Training Program addresses general features that apply to all current residents.

Note: Part One is completed by the ACVIM office and includes a listing all of the ACVIM diplomates associated with each program. Hence, Program Directors are no longer required to include those diplomates on this form.

This document outlines the content of each particular training program and is a template of the requirements that each resident will complete as part of the certification process. Any deviation from this registration is considered a change in the training program and requires written notification and approval by the Residency Training and Credentials Committee (RTCC) prior to those changes being counted towards residency training. A listing of examples of changes to a program are listed at the end of this document. Of particular note, any outside rotations not listed on this program registration document must be preapproved by the RTCC in order to count towards the 104 weeks of clinical training. Outside rotations not being included in 104 weeks of required clinical training do not require RTCC approval.

Current Date:

Program Director Name:

(Must be a Diplomate of ACVIM in any Specialty)

Name of Sponsoring Institution (Residency Training Program):

Species of the Program being registered:

- | | |
|-------------|-------------------------------------|
| Equine | <input type="checkbox"/> |
| Food Animal | <input type="checkbox"/> |
| Mixed | <input checked="" type="checkbox"/> |

Location of Secondary Site (if applicable):

A secondary training site is a satellite clinic or educational facility at a separate location that is directly associated with the primary hospital or sponsoring institution (SI), or an independent facility for which a current and continuous relationship exists with the Residency Training Program. Offsite training occurs at a facility that is independent from the SI. (CM 4.F.8)

Occasionally a resident may spend a block (3 weeks rotation) during their off clinic time from here, at another ACVIM approved program or a private practice setting with an ACVIM diplomate that offers a unique opportunity for training. Typically that time we do not need to include that time in the 104 weeks because they get all of that time here.

Outside Rotations/Other Sites (if applicable):

If adequate personnel or facilities are unavailable for all required resident training at the primary training site, the PD must make arrangements at secondary training sites to fulfill all requirements. The LAIM RTCC must approve secondary training site experiences before residents participate in external rotations (this includes radiology and pathology rotations) that contribute to the minimum training requirements of the program (e.g. in order to count towards the 104 weeks of clinical training. (CM 6.E.5)

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Please complete the following table (provide case numbers from previous year or provide estimates if hard numbers are not available):

Primary site: actual numbers estimated numbers
Secondary site: actual numbers estimated numbers
Other site: actual numbers estimated numbers

	Total No. Annual Hospital Cases	Average No. Cases Presented to Hospital Daily	Average No. Outpatient Cases Treated Daily	Average No. Inpatients Treated Daily	Total No. Annual Ambulatory Visits	Average No. of Ambulatory Cases Per Visit
Equine	1848	8	6	19	812	4
Equine (Secondary site)*						
Food & Fiber	584	2	2	3	565	2
Food & Fiber (Secondary site)*						
Total	2432*	10	8	21 ^a	1337 ^b	6

*For programs whose training program has more than one site.

Comments:

*The total numbers are actual from Jan 1 2017 through Dec 31 2017 admitted as outpatients or inpatients to the LA hospital (i.e. does NOT include the ambulatory case total). The average daily cases presented to the hospital were calculated based on regular weekday working hours. a. This is the average number of in patients from our daily hospital census. b. Numbers reflect the individual cases that a record was opened on. The average numbers of ambulatory cases per visit are estimates.

1. Length of Training Program:

2. Advanced Degree:

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

If an advanced degree is required or optional, please briefly describe how the graduate training is incorporated into the residency training program:

3. If ACVIM Associate Members are involved in resident training, please list them here:

Note: An ACVIM Associate is a veterinarian certified as a specialist by non-ACVIM specialty organizations such as the European College of Veterinary Internal Medicine-Companion Animal (ECVIM-CA). ACVIM grants certain privileges to the ACVIM Associate. (CM 3.B)

Associate Members	Associate Member Specialty, if applicable

4. Please list all Diplomates of the American College of Veterinary Pathology or European College of Veterinary Pathology in the areas of clinical pathology or gross/anatomic pathology associated with residency training. If *off-site*, please explain the situation, and the method of providing direct contact with the resident, and provide the RTCC with a "Letter of Commitment" signed by individual(s) providing direct supervision. Please indicate certifying body in the table, i.e., ACVP or ECVF.

Name of Diplomate(s)	Specialty Certifying Body	Clinical or Gross Anatomic	Comments
Corrie Brown Cathy Brown Paige Carmicheal Elizabeth Howerth Pauline Rakich Elizabeth Uh Uriel Blas-Machado Nicole Gottdenker Kaori Sakamoto Doris Miller Susan Tournquist James Staton Daniel Rissi Paula Krimer Bridget Garner Melinda Camus Jaime Tarigo Kristina Meichner	ACVP	Gross Gross Gross Gross Gross Gross Gross Gross Gross Gross Gross Gross Gross Clinical Clinical Clinical Clinical Clinical	

5. Please list all Diplomates of the American College of Veterinary Radiology or European College of Veterinary Diagnostic Imaging associated with residency training. If *off-site*, please explain the situation, and the arrangements for direct contact with the resident, and provide the RTCC with a “Letter of Commitment” signed by individual(s) providing direct supervision. Please indicate certifying body in the table, i.e., ACVR or ECVDI.

Name of Diplomate(s)	Specialty Certifying Body	Comments
AJ Sharma Kurt Selberg Scott Secrest Karine Gendron Koichi Nagata	ACVR	Dr. Selberg is no longer on site but is a hired consultant for the LA hospital.

6. 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 that are certified by the American Board of Veterinary Specialties or the European Board of Veterinary Specialties. If off-site, please explain the situation and the arrangements provided for contact with the resident and provide the RTCC with a “Letter of Commitment” signed by individual(s) providing direct supervision. Please indicate certifying body in the table.

Name of Diplomate(s)	Specialty Certifying Body	Comments
Rachel Reed Jane Quandt Michele Barletta Kate Myrna Kaite Deihl Sarah Czerwinski Andrew Parks Eric Mueller	ACVAA ACVAA ACVAA ACVO ACVO ACVO ACVS ACVS	

Randy Eggleston John Peroni Kira Epstein Jarred Williams Sherry Sanders Meri Stratton Phelps Amy Koenig Ben Brainard Sonia Lane Jennifer Good Frane Banovic Fiona Bateman Maria Ferrer Robyn Ellerbrock	ACVS ACVS ACVS, ACVECC ACVS, ACVECC ACVIM, nutrition ACVIM, nutrition ACVIM, ACVECC ACVA, ACVECC ACVECC ACVECC ECVD ECVD ACT ACT	
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7. 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. This information is also required in Part 3 (please note that Part 3 is not made available to the public).

Resident Name(s) (first/last)	Length of Program (in years)	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Kate MacDonald	3	7/15/2015	7/15/2018	Michelle Henry Barton
Hayley Chidlow	3	7/15/2016	7/15/2019	Erin McConachie Beasley
Cindy Xue	3	7/15/2017	7/15/2020	Clare Ryan

The following questions will be used to provide the RTCC 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.

8. Does your training program consist of a minimum of 104 weeks? (CM 6.K)

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

9. Does your training program provide on-site residency training by at least two ACVIM Diplomates (one of whom must be a Diplomate in the Specialty of Large Animal Internal Medicine)? If no, please provide a detailed explanation of how a second Diplomate is involved in training.

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

10. Does each resident in your program spend a minimum of 52 weeks on clinical rotations under the direct supervision of at least one (1) ACVIM LAIM Diplomate? (CM 6.K.1)

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

Comments:

11. Does each resident in your program spend an additional 16 weeks on clinical rotation under the direct supervision of one or more Supervising Diplomates (other than the Diplomate(s) referred to above) or individuals with ACVIM Associate status, in the Specialty of LAIM, Small Animal Internal Medicine, Cardiology, Neurology, Oncology or Additional LAIM Diplomates? (CM 6.K.2 - *Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction*).

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

Comments:

12. Does each resident in your training program spend an additional 36 weeks in training, not necessarily under direct supervision, in either Large Animal Internal Medicine or related fields, or in writing, studying for examinations, attending scientific meetings, teaching, vacation, or obtaining experience with a radiologist, clinical pathologist, or other specialist? (Note that vacation time (no more than 2 weeks per year) can be counted toward these 36 weeks). (CM 6.K.3. *Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction*).

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

Comments:

13. Does each resident in your training program receive training from at least two other Board-certified specialists (not ACVIM)? These may be specialists in dermatology, theriogenology, surgery, anesthesiology, ophthalmology, emergency medicine and critical care, clinical pharmacology, or clinical nutrition. The training must be direct consultation, not telephone or e-mail consultation.

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

Comments:

14. Does each resident in your training program have a minimum of 80 hours of training in diagnostic imaging? A minimum of forty (40) hours must be in direct contact with a board-certified veterinary radiologist interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds and/or seminars. At least forty (40) more hours during the residency must be spent being directly trained in ultrasonographic imaging by an individual with advanced skills in ultrasonography. (CM 6.K.3. *Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction*).

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

Comments:

15. Does each resident in your training program have a minimum of 40 hours of direct contact with a board-certified veterinary clinical pathologist or anatomic pathologist evaluating clinical pathologic findings, performing necropsy examinations, reviewing cytology preparations and biopsies, and attending clinical pathologic conferences and/or seminars? (CM 6.K.3. *Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction.*)

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

Comments:

16. Does each resident in your program participate in patient management, including patient receiving, diagnostics, case management and decision making, client communication, case follow-up, and communication with referring veterinarians? (CM 6.I.1) Is case management supervised and reviewed by an ACVIM Diplomate or ACVIM Associate? (CM 6.G)

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

Comments:

17. Is a complete medical record using the problem oriented veterinary medical record system maintained for each individual patient? (Medical records must be retrievable)

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

Comments:

18. Does the resident participate in clinical rounds on a daily basis while on clinical rotations?

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

Is a supervising Diplomate available for the majority of rounds?

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

If no, please describe how rounds are attended and supervised. (CM 6.I.3. *Teaching Rounds: Residents must attend and participate in clinical rounds on a daily basis during the clinical training period. The resident should lead rounds discussions an average of once weekly.*)

Comments:

19. Please indicate the availability of the following facilities or equipment (CM 6.E.2). Indicate if these are available 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.

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

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

Our EEG is outdated and our neurologists do not feel that they need it in either SAIM or LAIM. We have it, but do not use it.

20 (a). Are formal conferences, such as clinicopathologic conferences, *journal clubs*, or seminars held on a weekly basis? (CM 6.E.3. Residents must attend formal conferences such as clinicopathologic conferences, *journal clubs*, or seminars in internal medicine and related disciplines weekly throughout the calendar year)

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

Comments:

20 (b). Please list how many hours per week and how many weeks per year for each journal review activity (for example, a program may offer a Journal Review in Food Animal one hour per week for 48 weeks per year and Equine one hour per week for 32 weeks per year). (CM 6.I.2. Journal Club: Routine and regular attendance and participation in a critical review of the literature, e.g. journal club; must attend eighty (80) hours minimum during the residency training program)

Journal Review Activity	How Many Hours Per Week	How Many Weeks Per Year (total of 80 hours minimum)
<p>Large animal internal medicine</p> <p>There are several other journal clubs that meet weekly (surgery, cardiology, ECC) but we do not require attendance of the LAIM residents at the additional journal clubs. They are required to attend the medicine ones.</p>	1	35

21. Please provide a description of the conferences, etc., that are provided and the typical schedule. (As required by question 20(a) above)

Large animal medicine journal club weekly for 1 hour, Sept through May (residents present 3 times a year).
 Combined Large animal medicine and surgery morbidity and mortality rounds (weekly; medicine residents give 6 - 8 presentation per year).
 Combined small and large animal medicine board review rounds, 1 hour per week (residents present twice annually).
 Combined large animal and small animal grand rounds (weekly, 1 hour, large animal medicine residents give one 50 minute presentation per year).

22. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis? (CM 6.E.3)

Yes No

Comments:

They give the presentations internally listed above. They are encouraged to present at a local or national CE meeting.

23. How many major veterinary medical or medical meetings is each resident able to or expected to attend during his/her training program? (CM 6.E.3). *The resident must attend at least one major veterinary medical or human medical meeting during the residency*

None One Two > Two

Comments:

24. Are one or more publications required as part of the training program?

Yes No

Comments:

Only the publication required in the CM.

25. Does the training program require a research project? Please indicate the number of research projects required.

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

Comments:

26. Does each resident in your program receive regular institutional reviews of their progress and performance by the supervising Diplomate, hospital section, or other Departmental committee or advisory group? (*Note: LAIM Candidates are required to receive a minimum of two (2) formal evaluations per year. These evaluations should provide the resident an unbiased comprehensive review of his/her progress as an ACVIM Candidate and include reasonable suggestions for improvement, if indicated. Evaluations should be presented in writing and discussed with each Candidate.*) (CM 6.M)

Yes	No	Frequency (i.e., quarterly, annually?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Verbal or written every 3 weeks. Comprehensive written twice yearly

Written evaluation:

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

Shared with resident:

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

Comments:

27. Does each resident **complete at least 1 of the following** to complete requirements for research/scholarly activity? (CM 6.C.6 and 6.I.7)

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

Comments:

- A) Successful completion of at least 6 hours of seminars or classes recognized by the ACVIM and covering the following subjects: critical review of the veterinary medical/biomedical literature; grant writing; study design and participation in clinical trials (These seminars may be offered at the ACVIM forum).
- B) Submission of a grant proposal (which must be documented by a letter from the Resident Advisor).
- C) Acceptance and presentation at a scientific meeting of an abstract (either oral or poster) of original work.
- D) Documented completion of a prospective research program pertinent to the candidate's specialty (by a letter from the Resident Advisor).
- E) Completion of a retrospective research project pertinent to the candidate's specialty (which must be documented by a letter from the Resident Advisor).
- F) Completion of graduate work in biostatistics, research methods and/or research ethics (which is documented by a letter from the Resident Advisor).

28. Is there any additional pertinent information that the Residency Training Committee should consider in its evaluation of this Training Program?

 Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

We have always had the option of a masters or a PhD degree in combination of our residency program which is listed separately. Residents that do not complete a masters or a PhD are enrolled in this 3 year program.

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
- Outside or elective rotations not listed on this form

As Program Director, I verify that I have read the Certification Manual and that the above information is an accurate reflection of this Residency Training Program.