

**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 Neurology 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](http://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 Neurology 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 that include multiple sites must provide 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 a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology)

Program Director's Contact Information:

|                  |  |
|------------------|--|
| Work Phone:      | <input type="text" value="(530) 304-9450"/>                            |
| E-mail:          | <input type="text" value="kmvernau@ucdavis.edu"/>                      |
| Mailing Address: | <input type="text" value="Surgical &amp; Radiological Sciences, SVM"/> |
|                  | <input type="text" value="One Shields Ave., Tupper Hall"/>             |
|                  | <input type="text" value="Davis, CA 95616"/>                           |

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

Primary Site and Length of Program:

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

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN.

Karen Vernau

3. Supervising Diplomates in Neurology: Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN.

Karen Vernau - Neurology  
Peter Dickinson - Neurology  
Marguerite - Knipe - Neurology  
Chai-Fei Li - Neurology

4. All Diplomates of ACVIM or ECVIM responsible for supervision of clinical training who are specialists in areas other than Neurology.

Larry Cowgill - SAIM  
Lynelle Johnson - SAIM  
Stanley Marks - SAIM  
Jane Sykes - SAIM  
Jodi Westropp - SAIM  
Carrie Palm - SAIM  
Jonathan Dear - SAIM  
Michael Kent - Oncology  
Katherine Skorupski - Oncology  
Robert Rebhun - Oncology  
Jenna Burton - Oncology  
Jennifer Willcox - Oncology  
Monica Aleman - LAIM  
Joshua Stern - Cardiology  
Lande Visser - Cardiology

5. 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)

Devon Ancona 8.1.15 - 7.31.18 (Karen Vernau)  
Izumi Toyoda 8.1.2016 - 7.31.2019 (Karen Vernau)  
Vishal Murthy 8.1.2016 - 7.31.2019 (Karen Vernau)  
Rell Li 8.1.17 - 7.31.20 (Karen Vernau)

**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**



**RESIDENCY TRAINING PROGRAM REGISTRATION  
2018-2019  
NEUROLOGY**

**Part Two**

**Part Two of the Neurology Residency Training renewal process addresses general features of the program that apply to all current residents. These questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.**

Current Date: February 21, 2018

Program Director Name: Karen Vernau

(Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology)

Name of Sponsoring Institution (Residency Training Program): University of California Davis

**1. For multi-site residency programs:** To ensure uniformity of training and compliance with current Certification Manual (CM) requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s).

Secondary Site/Outside Rotations (if applicable):

(Please include the following for each site: Supervising Diplomate (ACVIM or other specialty), amount of time scheduled at the site and training requirements to be met.

**2. Length of Training Program:**

|                        |                                     |
|------------------------|-------------------------------------|
|                        | Yes                                 |
| 2 years                | <input type="checkbox"/>            |
| 3 years                | <input checked="" type="checkbox"/> |
| Other -provide details |                                     |

**3. Advanced Degree:**

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

Briefly explain how the degree is integrated into the residency program:

n/a

4. Please list all ACVIM Supervising **Diplomates** (Cardiology, Large Animal Internal Medicine, Neurology, Oncology, Small Animal Internal Medicine, ECVIM, or ECVN Diplomates ) providing supervision off-site and explain the situation and the agreements provided for contact with the resident. (Note, in Part One, current ACVIM Supervising Diplomates are included; and you are requested to provide additional comments for off-site supervision here).

| Name of Diplomat(e)s | Comments |
|----------------------|----------|
| n/a                  |          |

5. Please list all **Diplomates** of the American College of Veterinary Pathology or the European College of Veterinary Pathologists 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 Diplomat(e)s  | Clinical or Gross  | Comments |
|---|--|----------|
| Dr. Kevin Woolard<br>Dr. Christina Segurson<br>Dr. William Vernau<br>Dr. Dori Borjesson<br>Dr. Sean Owens<br>Dr. Amir Kol | Anatomic<br>Anatomic<br>Clinical<br>Clinical<br>Clinical<br>Clinical |          |

6. Please list all **Diplomates** of the American College of Veterinary Radiology or the 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.

| Name of Diplomat(e)s   | Comments |
|--|----------|
| Dr. Erik Wisner<br>Dr. Rachel Pollard<br>Dr. Mathiu Spriet<br>Dr. Allison Zwingenberger<br>Dr. Eric Johnson<br>Derek Cissell<br>Kathryn Phillips |          |

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

| Name of Diplomat(e)s   | Specialty  | Comments |
|--|--|----------|
| Dr. Catherine Outerbridge<br>Dr. Steve White<br>Dr. Cathy Good<br>Dr. Chris Murphy<br>Dr. Sara Thomasy<br>Dr. David Maggs<br>Dr. Steve Hollingsworth<br>Dr. Amy Kapatkin<br>Dr. Ingrid Balsa | Derm<br>Derm<br>Ophtho<br>Ophtho<br>Ophtho<br>Ophtho<br>Ophtho<br>Surgery<br>Surgery |          |

|                           |            |  |
|---------------------------|------------|--|
| Dr. Philip Mayhew         | Surgery    |  |
| Dr. Michelle Steffey      | Surgery    |  |
| Dr. Po-Yen Chou           | Surgery    |  |
| Dr. Marcelin-Little       | Surgery    |  |
| Dr. Bill Culp             | Surgery    |  |
| Dr. Bruno Pypendop        | Anesthesia |  |
| Dr. Cary Craig            | Anesthesia |  |
| Dr. Pauline Wong          | Anesthesia |  |
| Dr. Kate Hopper           | ECC        |  |
| Dr. Steve Epstein         | ECC        |  |
| Dr. Ronald Li             | ECC        |  |
| Dr. Karl Jandry           | ECC        |  |
| Dr. Andrea Fascetti       | Nutrition  |  |
| Dr. Jennifer Bones-Larson | Nutrition  |  |
| Dr. Bruce Christensen     | Therio     |  |
| Dr. Michelle Giuffrida    | Surgery    |  |
| Dr. Autumn Davidson       | Therio     |  |
| Dr. Melissa Bain          | Behavior   |  |
| Dr. Liz Stelow            | Behavior   |  |

8. Please list the residents who have completed the training program within the last five years, including the year that each individual's training program ended and whether the individual has completed the Board certification process.

| Name(s)             | Program End Date<br>(mm/dd/yyyy) | Diplomate? (Yes or No) |
|---------------------|----------------------------------|------------------------|
| Dr. Chai-Fei Li     | 07/31/2017                       | Y                      |
| Dr. Jess Rivera     | 07/31/2016                       | Y                      |
| Dr. Danielle Zweste | 07/31/2016                       | Y                      |
| Dr. Kathryn Winger  | 07/31/2015                       | Y                      |
| Dr. Beth Boudreau   | 07/31/2014                       | Y                      |
| Dr. Cona Anwer      | 07/31/2013                       | Y                      |
| Dr. Lisa Gerlach    | 07/31/2012                       | Y                      |

9. 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(s)<br>(first/last) | Length of<br>Program<br>(in years) | Program Start<br>Date<br>(mm/dd/yyyy) | Program End<br>Date<br>(mm/dd/yyyy) | Resident Advisor Name(s) |
|----------------------------------|------------------------------------|---------------------------------------|-------------------------------------|--------------------------|
| Devon Ancona                     | 3                                  | 08/01/2015                            | 07/31/2018                          | Dr. Bev Sturges          |
| Izumi Toyoda                     | 3                                  | 08/01/2016                            | 07/31/2019                          | Dr. Bev Sturges          |
| Vishal Murthy                    | 3                                  | 08/01/2016                            | 07/31/2019                          | Dr. Karen Vernau         |
| Rell Parker                      | 3                                  | 08/01/2017                            | 07/31/2020                          | Dr. Karen Vernau         |

**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.

10. Is this a traditional or non-traditional residency training program? A traditional neurology residency is a two (2) or three (3) year postgraduate training program, with a minimum of ninety six (96) weeks of supervised clinical training with a majority of the time spent at one location. A non-traditional neurology residency allows for training that may occur in non-contiguous blocks of time over an extended time period.

|                 |                                     |
|-----------------|-------------------------------------|
| Traditional     | <input checked="" type="checkbox"/> |
| Non-traditional | <input type="checkbox"/>            |

For non-traditional programs, please provide a detailed description of the residency program, including length of program, proposed annual schedule, and the amount of time of direct Diplomate supervision for each location of the residency.

11. The ACVIM Neurology Certification Manual (CM) requires that each resident experience 75 weeks (minimum) of clinical Neurology training under the supervision of either a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN. **The 75 weeks should include at least 50 weeks of direct supervision (see definition in CM) and the remainder as indirect supervision (indirect supervision is satisfied by the Supervising Diplomate Neurologist being available for face-to-face contact with the resident at least 4 days per week).**

**Please provide an outline of planned yearly schedule, including number of weeks of direct and indirect supervision (i.e. in year 1, the resident will be directly supervised for 25 weeks etc.) A table similar to the example below outlining the proposed weekly schedule of duties for the residents should be provided:**

**EXAMPLE TABLE ONLY:**

|   | <b>Year I</b> | <b>Year II</b> | <b>Year III</b> |
|---|---------------|----------------|-----------------|
| <b>Medical Neurology *</b>                                    |               |                |                 |
| <b>Neurosurgery</b>   |               |                |                 |
| <b>Neurology/Neurosurgery Direct Supervision</b>              | <b>36</b>     | <b>36</b>      |                 |
| <b>Neurology/Neurosurgery - Indirect Supervision</b>          |               |                | <b>34</b>       |
| <b>Internal Medicine</b>                                      | <b>4</b>      | <b>2</b>       | <b>2</b>        |
| <b>Clinical Pathology</b>                                     | <b>2</b>      |                |                 |
| <b>Radiology</b>  | <b>2</b>      |                |                 |
| <b>Neuropathology</b>   |               | <b>2</b>       | <b>2</b>        |
| <b>Other Rotation (please list the name of each rotation)</b> |               |                |                 |
|   |               | <b>1</b>       |                 |
|   | <b>2</b>      | <b>4</b>       | <b>4</b>        |
| <b>Research</b>   | <b>4</b>      | <b>5</b>       | <b>8</b>        |
| <b>Independent Study</b>                                      |               |                |                 |
| <b>Vacation</b>   | <b>2</b>      | <b>2</b>       | <b>2</b>        |
| <b>Total</b>  | <b>52</b>     | <b>52</b>      | <b>52</b>       |

Numbers indicated are in “weeks”.

\* Many residencies are a combined neurology / neurosurgery program with no distinct separation between the services. Some programs, however, have separate training with a surgery service and this example includes that possibility in describing the weekly rotations.

**The example table is only a listing of a proposed weekly schedule for each of the three years of a typical 3-year residency program, including all that is required by ACVIM without making any specific recommendations.**

Please indicate the outline of planned yearly schedule here:

|   | Year I    | Year II   | Year III  |
|---|-----------|-----------|-----------|
| Medical Neurology *                                     |           |           |           |
| Neurosurgery  |           |           |           |
| Neurology/Neurosurgery - Direct Supervision             |           |           |           |
| Neurology/Neurosurgery - Indirect Supervision           | 37        | 33        | 32        |
| Internal Medicine                                       |           | 2         |           |
| Clinical Pathology                                      |           | 1         | 1         |
| Radiology   | 1         | 1         | 1         |
| Neuropathology  | 1         | 1         | 1         |
| Other Rotation (please list the name of each rotation): |           |           |           |
| Other: Ophthalmology                                    | 1         |           |           |
| Other: Critical Care or Electrophysiology               | 3         | 1         | 1         |
| Research  | 2         | 2         | 5         |
| Independent Study                                       | 2         | 6         | 6         |
| Vacation  | 5         | 5         | 5         |
| <b>Total *</b>  | <b>52</b> | <b>52</b> | <b>52</b> |

\*The totals should add up to 52 weeks.

12. Describe how daily clinical case rounds are conducted and supervised:

The Neurology/Neurosurgery service has twice weekly clinical case rounds for 1 hour each session, where the residents present cases, and the cases are discussed as a group--with all of the attending faculty and residents.

The residents also attend daily student rounds, when the students present cases, and the faculty with the residents assistance lead a discussion of clinical neurology using the clinical case material as a base.

When on clinics, the attending faculty are on the floor, and review all of the patients in a 1:1 basis with the residents. The faculty examine all inpatients, patients presenting for appointments and consultations with the resident. In addition, the faculty assist with all diagnostic procedures (the degree of involvement varies with the level of experience of the resident) including CSF taps, MRIs, CTs, and electrodiagnostics, as well as all surgical procedures, 24/7/36.

13. The neurology specialty requires that the resident spend at least 50 hours during the residency in the following rotations: Radiology, Clinical Pathology, Neuropathology and Neurosurgery. A Training Agreement Form must be completed and signed by the Diplomate supervising the required training, regardless of whether the training occurs on site or off-site. Please use the standardized "Training Agreement Form" found on the ACVIM website ([www.ACVIM.org](http://www.ACVIM.org)) to document proof of supervision for all required contact hours (clinical pathology, radiology,



**neuropathology surgery, etc.) in rotations other than neurology.** 1 Training Agreement form is required per rotation per resident at the beginning of the residency. Forms do not need to be resubmitted each year as long as a valid Training Agreement Form is on file.

In addition, please provide a brief description of how each phase of this required training is accomplished.

Radiology: 50 hours with a Board-certified radiologist interpreting radiographs, attending seminars and participating in and evaluating the results of special radiographic procedures.

The residents review radiographs, MRIs, CTs and myelograms (when we do them!) on a daily basis when on clinics with the board certified radiology faculty.

Clinical Pathology: 50 hours with a Board-certified pathologist or clinical pathologist evaluating clinical pathologic findings, attending clinicopathologic conferences, and examining surgical sections.

The residents rotate onto the clinical pathology service for 2 full weeks during their residency. The residents spend at least 50 hours as part of the Clinical Pathology resident rotation with a board certified clinical pathologist where clinical pathology samples are examined and discussed in detail. In addition, the residents spend several hours attending didactic lectures on CSF throughout their residency, and discuss /review their cases often with one of clinical pathologists who has an interest in CSF and CNS cytology on a regular basis.

Neuropathology: 50 hours devoted to review of veterinary neuropathology. This time may be spent in lecture series, seminars, or a formal training program recognized and approved by the college.

The residents attend at least 50 hours of seminars and rounds dedicated to neuropathology with a board-certified pathologist with an expertise in neuropathology. Neuropathology rounds run biweekly for 1.5 hours throughout the year, and therefore they are exposed to neuropathology throughout the ENTIRE period of their residency. Our residents also work closely with the neuropathologists and pathology residents reviewing the neuroimaging and gross pathology. The residents also attend didactic lectures and laboratories with a board certified pathologist with an expertise in neuropathology.

Neurosurgery: 50 hours participating in veterinary neurosurgical procedures. Please provide a specific description of the type of participation [i.e. observation, performance of neurosurgery], and credentials of those providing the training [i.e. ACVS vs. ACVIM Neurology]. A Training Agreement Form must be completed if this training is provided by individuals other than the ACVIM (Neurology) or ECVN supervising Diplomate for the residency training program.

The residency at UC Davis is a Neurology/Neurosurgery residency. Our residents perform all of the neurosurgery procedures with the Neurology/Neurosurgery faculty's supervision and instruction. Our service also trains the surgery residents in neurosurgery. We have focused didactic classes, journal club targeted to neurosurgery, and twice a year run a cadaver surgery course for the surgery residents AND our neurology/neurosurgery residents. The residents more than fulfill the 50 hours participation in this area!

14. The neurology specialty requires that the resident be able to perform and interpret current electrodiagnostic procedures. Briefly state how the concepts of electrodiagnostics (including EEG) and their clinical application will be taught to residents during the training program. Specifically state whether or not the resident will have hands-on electrodiagnostics experience:

Electrodiagnostics are incorporated into our didactic resident teaching program. The residents also participate in a week long electrodiagnostic course with didactic lectures and 2 hands on laboratories every year for 3 years during their residency. During the residency, residents perform the electrodiagnostic testing with the supervising faculty member and technical staff in our dedicated electrophysiology laboratory.

15. The college requires that the resident spend a minimum of 80 hours involved in routine and regular participation in a critical review of the literature (e.g. journal club) during the residency training program. Please explain how this requirement is met:

We have a once weekly 1 hour journal club class throughout the 3 years of the residency program, and thus the residents more than meet this requirement of 80 hours.

16. The neurology specialty requires that the advisor meet with the resident at 6 month intervals to assess, review and critique the resident's progress and weekly schedule of activities. Please explain how this is accomplished:

The resident advisor meets with all residents every 6 months. As part of the UC Davis residency program we formally evaluate our residents at 6 monthly intervals. All 4 members of the UC Davis Neurology/Neurosurgery faculty review the residents progress, and we write a collective assessment. We review this assessment with our residents every 6 months.

17. The neurology specialty requires that the resident complete a significant research or clinical investigative project. Please describe how you plan for the resident to undertake, monitor, and complete a project. Include a timeline that the resident and mentor will use as a guide for completion of the project. Note that publication of this research project is not a requirement.

As part of our residency program, the residents must complete a research project. This research is initiated early in the first year of the residency program, where the resident works closely with one faculty mentor. The residents provide quarterly updates on the research they are doing to the entire Neurology/Neurosurgery service. Our residents also are strongly encouraged and prepared to present their research at the annual UC Davis "House Officers Seminar Day" in preparation for presentation at ACVIM.

18. Please indicate the availability of the following facilities or equipment. 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. Please also provide the manufacturer and model of the unit for electrodiagnostic and imaging equipment.

|  | Available?                 |                          | Location of equipment?      |
|--|----------------------------|--------------------------|-----------------------------|
|  | Yes                        | No                       | (On-site or list site name) |
| a) Standard radiological equipment   | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| b) Ultrasonographic equipment  | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| c) Clinical Pathology capabilities:<br>(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology) | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| d) Electrocardiography   | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| e) Blood Pressure Measurement  | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| f) Radiation Therapy Facility  | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| g) Veterinary Library w/Literature Searching Capabilities  | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| h) Computerized Medical Records w/Searching Capabilities   | X                          | <input type="checkbox"/> | On site                     |
| i) Medical Library w/Literature Searching Capabilities   | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| j) Electromyography and nerve conduction velocity testing  | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |
| k) Evoked Response Equipment   | X <input type="checkbox"/> | <input type="checkbox"/> | On site                     |

- l) Electroencephalography
- m) Computed Tomography
- n) Magnetic Resonance Imaging (include field strength)

|                            |                          |         |
|----------------------------|--------------------------|---------|
| X <input type="checkbox"/> | <input type="checkbox"/> | On site |
| X <input type="checkbox"/> | <input type="checkbox"/> | On site |
| X <input type="checkbox"/> | <input type="checkbox"/> | On site |

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, *especially with respect to the use of imaging equipment*:

n/a

19. Describe the formal conferences, such as clinicopathologic conferences, journal clubs, or seminars that are held on a regular basis. Please provide a description and the typical schedule for these:

We have a resident class every day from 8-9 am for 1 hour. We run a one week electrophysiology course twice yearly for our residents; each resident attends once yearly for 3 years. We also run cadaver labs for neurosurgical training twice yearly.

Monday: Didactic Class: electrophysiology, neuroanatomy, neurophysiology, neuroradiology, topical literature review  
 biweekly Wednesday morning: Neuropathology  
 Biweekly Wednesday: Internal medicine grand rounds (each resident presents a case 3-4 times per year for 3 years)  
 Thursday: Clinical Case discussion  
 Friday: Journal Club

20. Detail the teaching responsibilities expected of the resident during the training program. This may include lectures in departmental courses for veterinary students, grand rounds presentations, presentation of papers or seminars at conferences, or participation in continuing education programs.

The residents actively participate in daily student rounds with the faculty member. On Friday the senior resident leads rounds. The residents present clinical cases in grand rounds 3-4 times per year to the entire small animal clinic. They participate in labs in our freshman and junior neurology course. They also actively participate in the student neurology club, which meets once monthly.

21. How many major veterinary medical or medical meetings are each resident able to or expected to attend during his/her training program?

|                          |                          |                            |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|
| None                     | One                      | Two                        | > Two                    |
| <input type="checkbox"/> | <input type="checkbox"/> | X <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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

|                          |                            |                      |
|--------------------------|----------------------------|----------------------|
| Yes                      | No                         | Number               |
| <input type="checkbox"/> | X <input type="checkbox"/> | <input type="text"/> |

Comments:

23. Please describe any additional pertinent information that the Residency Training Program should consider in its evaluation of this Training 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

**I verify that the above information is an accurate reflection of this Residency Training Program.**

Per the Certification Manual, each year, the Program Director (PD) must certify to the RTC/ RTCC and ACVIM, in writing, that they have read the ACVIM Certification Manual and understands their role in residency training.

**Checking this box is an indication I have read the ACVIM Certification Manual and understand my role in the Residency Training Program.**